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Therefore be it Resolved

These are the days when there is much activity among nursing organizations, large and small. Annual meetings are in the offing, nominating committees ponder over lists of candidates for office, and those who rejoice in legal phraseology are preparing portentous paragraphs beginning with "whereas" and "it is hereby resolved".

Many organizations have sensible regulations which govern the selection of nominating committees and make it reasonably likely that a representative slate of candidates will be presented to the meeting. Occasionally, however, these committees are either not clear about their functions, or else exceed the limitations of their office. A nominating committee does not itself elect the officers but simply provides a list of qualified persons who are willing to serve and from which the electors may choose. In some associations nominations are also permitted from the floor, and because this privilege is seldom exercised it is all the more incumbent upon the nominating committee to do a good job.

To begin with, the nominating committee should itself be selected with the greatest care. Unless its membership includes young nurses as well as more mature women, there will be a tendency to keep out the new blood which brings with it the healthy stimulus of youthful courage and energy. Elections are sometimes listless and perfunctory because they are quite evidently cut and dried beforehand. In these circumstances the nominating committee has not had the courage of its own convictions, but has taken the line of least resistance or has yielded to political pressure. If the convener of the nominating committee happens to have been a former office holder she should be in a position to render good service because she knows at first-hand what qualifications are desirable. She must, however, be broad-minded enough not to encourage the re-nomination, year after year, of women who, no matter how capable they may be, should nevertheless give younger people a chance. A judicious blend of maturity and youth

will go far towards ensuring sound and progressive leadership.

Now let us examine the "Whereas" and "Be it resolved situation". A friend of ours who is a well-known expert in the agricultural field summed up the whole situation so well that we are going to quote her verbatim:

Another weakness is bringing in, at the last moment, resolutions so badly constructed that even those who move them have not fully considered where they lead or what they imply. Such resolutions, when sent to Governments and other important bodies not only fail in their objective, if they really have one, but they prejudice the recipients against any future resolutions sent from organizations which apparently do not know what they want and they, too, find the waste-basket without consideration. Resolution committees should be appointed at the first meeting at which matters for resolution are likely to develop and such committees should be instructed not to accept resolutions after certain stages of the meetings or, say, not within less than two hours of the time they are to come before the meeting. A very definite place and a reasonable allotment of time should be provided for the bringing of resolutions and their discussions. No resolution should receive the endorsement of the organization unless its purport is fully understood.

People who are in a position to judge have often complimented nurses upon the sensible way in which they conduct their meeetings. Upon the whole, this praise has been well-deserved. Nevertheless, it won't do us any harm to keep a weather eye on our nominating committees or to make sure that our high-sounding resolutions really mean something.

PRESERVATION OF BREAST MILK

I was very interested in the article on the collection and preservation of breast milk, which appeared in the January number of *The Canadian Nurse*. For a long time we have preserved our surplus breast milk, but being only a small institution our methods are necessarily simple. At St. Thomas's Babies Hostel, a Dietetic Hospital, in London, England, we use glass preserving jars with screw lids which are boiled for three minutes. After boiling the breast milk for three minutes we pour it into the hot sterile jars which must be filled right to the brim. The lids, which are lightly screwed on immediately, are tightened when cool. The jars are kept in a refrigerator until required. As we use breast milk daily for our premature and very sick babies we rarely have occasion to keep the milk longer than several weeks. We had this milk tested by the pathologist of St. Thomas's Hospital and he reported the preservation adequate.

We teach our mothers to express by hand if they want to increase their supply as we do not find the breast pumps or electrical suction methods stimulate the breasts as well as hand expression. We have always stressed the importance of breast feeding, and last year established 90 percent of the cases of insufficient breast milk with very satisfactory results. Mothers have come to us with only a few drops of breast milk, and we have sent them home fully breast-feeding their babies.

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The Duties of the Sisters-in-Charge

CHARLES K. P. HENRY, M.D.

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"Man wants but little here below and seldom wants it long"! This is likely true of women too, therefore, this will be a brief resumé of what the "Chiefs-of-Service expect and desire of the Sisters-in-Charge of the various wards and departments of The Montreal General Hospital. Any one-sided list of requirements must, of course, be received with patience, tolerance and understanding by the parties of the second part, if it is to be of value. Hence, to see ourselves as others fain would see us, is at times not a painless experience; but knowledge and power often come by running the gauntlet of criticism and discipline. Our hospital is by no means perfect yet—God forbid we shall ever think it so—and these talks between Chiefs-of-Staff and the nursing staff are worthwhile only if they produce tangible results in the service rendered by the nursing staff in the three main divisions of work that the Sister-in-charge of a ward has to carry out successfully.

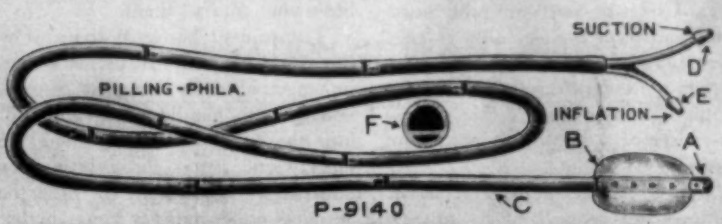
In the first place we shall consider what the Chief requires of his nursing staff because we are a University hospital, occupied for a little over nine months of the year in teaching medical and dental students of McGill University. For over a century this has been a teaching hospital; without it, McGill University would not have become a medical school. In the hospital wards, bedside teaching was inaugurated well in advance of many older and better known medical schools. Our Sisters-in-Charge of our public wards are of greater importance in this hospital function of teaching than even they are aware. Above everything else, we wish that The Montreal General Hospital may remain forever in the minds and memories of the students as the hospital where they were welcomed, helped, and best taught the art of healing and how to handle the patients. The reception the students receive in the public wards when beginning their clinical work will influence their remaining college years. It may determine whether or not they shall be future Montreal General Hospital internes and later, members of the Attending Staff. You, Sisters, can, and do, exercise a most important influence on the medical students in determining their future. In fact, some of you influence them for life—you marry them.

The student knows nothing of ward life when he comes to us, he is uneasy, unhappy, absurdly ignorant of patients and how to handle them, and will fit into the ward scheme of things more quickly and better for a little friendly and sisterly advice. On the other hand, do not consider him (or if you do, let not the student know it) a necessary pest; nor should you ever drop the "s" from this appellation and treat him accordingly. Remember that while you know much more than the student does about the practical care and the routine treatment and nursing of the sick, he knows more than you do about the theory and pathology of disease. In surgery especially, there is so much done now for the patient, particularly the post-operative patient, that our Sister-in-Charge has to be a nursing specialist. We expect her

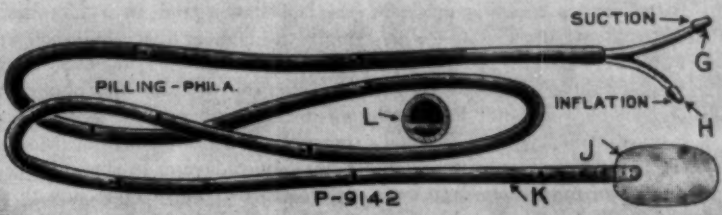
to be a chemist, keeping up with the many drugs and dyes and serums now used in the wards. She must know how to prepare the patient for various metabolic tests and examinations. Iodeikon, methylene blue, tannic acid, "B. and M. 693", and countless others must be as familiar to her as the old mustard paste and linseed poultice or the ice bath of bygone days. She must have a working knowledge of hydrotherapy and be an efficient hydraulic engineer, able to supervise or give intravenous therapy, set up and operate Levine tubes, control Wangensteen pumps and other forms of negative suction.

The Miller Abbott tube goes many steps further than the Levine tube, in fact it may go down to the sigmoid or rectum! It is a double tube with a metal tip like the Levine tube but near the tip is a small rubber balloon which may be inflated with air by a syringe. It is passed through the nose till 45 cm. have passed and then the Wangensteen pump—the usual water bottle suction apparatus used with the Levine tube—is attached and left on throughout. With the patient propped upon his right side, the tube is advanced inch by inch till the 75 cm. mark is reached. Then the balloon is filled by the injection of 10 cc. of air by a glass syringe. If rhythmic contractions are felt, leave for twenty minutes and if still felt, inject up to 25 cc. of air and allow the tube to be swallowed onwards, six inches every half hour. The end will ultimately reach the obstructed point in the intestine and the suction will empty and deflate the intestine above. The patient's general condition is greatly improved and operative interference is rendered safer. So, too, that bugbear of abdominal surgery—

(See American Journal of Medical Sciences, 187:595, 1934, and Surgery, Gynecology and Obstetrics, page 692, April, 1938)



P-9140—Miller-Abbott double lumen tube (Style 11) with balloon proximal to perforated metal end.....**$7.50**



P-9142—Miller-Abbott double lumen tube, similar to above (Style 3) with the balloon distal to the perforated metal end..**$7.50**

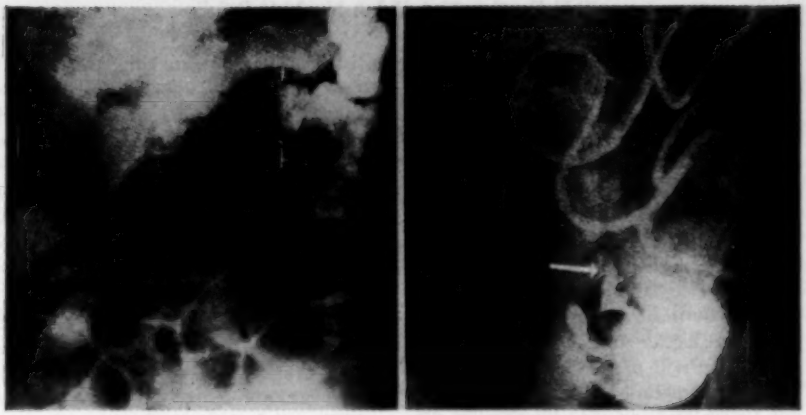


Fig. 2. The localization of a mechanical obstruction.

Case 12, W.S. (a) Small intestine distention was marked prior to intubation. The colon is outlined by the unexpelled residue of a barium enema. (b) The small intestine has been decompressed by the passage of a No. 14 F. and a No. 3 F. tube. Barium has been injected down the tube and has regurgitated up a dilated loop of ileum. Its advance is blocked by a point of narrowing (arrow) just distal to the air-filled balloon and the tip of the tube.

Reproduced from an original article by W. Osler Abbott, M.D. and Charles G. Johnston, M.D., published in "Surgery, Gynaecology and Obstetrics", April 1938.

post-operative paralytic ileus—may be overcome. Naturally, most of the above procedure will devolve upon the Sister-in-Charge or be under her personal supervision.

Other occupations have still to be filled by the Sister of all trades! She must be a good bookkeeper, to record, post, prepare and have available our ever-increasing and more complicated case records and student lists. She should be a draughtsman to make special charts, graphs, and in my surgical service one of my Sisters has recently been made a curator of a athological, X-ray and lantern slide museum for ward teaching!

The second facet of her many-sided duty list reflects her personal abilities as a manager, a tactful executive and an efficient general superintendent of a corps of nurses and several maids; she is a go-between for dietitians and social service assistants. She has to train, boss, and more or less mother, three or more internes every three months; assist and work in harmony with an increasingly large number of Attending Staff, each of whom will expect her to know all his pet orders and forget none of them. We expect her to arrange for ward classes, get patients and charts and X-rays ready for clinics in ward or operating room, and see that neither chart, X-ray nor patient gets lost, no matter where they go in our big hospital. Is it any wonder some of our Sisters are beginning to look for the first grey hair?

Thirdly—and not necessarily lastly—our Sisters' main purpose in the scheme of things is to look after and see that the patients are nursed! I often wonder if we are not failing a little here with so much expected of us in the

two spheres of usefulness already recorded. When a head nurse glibly reels off the amount of fluid contained in the Levine bottle, in the pail at the side of the bed, the several thousands of ccs. of fluid the patient has had in twelve or twenty-four hours, the amounts of urinary and other output, and then states or records on the case chart the number of ccs. the patient therefore has gotten past the pylorus—I pause to admire the higher mathematics and the calculating skill of the Sister-in-Charge, even if I sometimes mentally question if our "plain and fancy nursing" may not have too much of the latter at the expense of the former!

However, the story of an incident in a large city hospital could not, I am sure, have happened here. A young chap had been admitted with a severely crushed foot and the "head nurse", returning from the far end of the ward, was passing his bed and he hailed her —"Say nurse, my foot is paining something fierce. Can't you do anything for me?" Hardly pausing in her stately stride, she replied—"No, certainly not, don't you know I am the head nurse?" Somewhat crestfallen the boy retorted, "But gosh, nurse, I haven't been here long enough yet to know who is the foot nurse!"

We expect that our Nursing Sisters will never be above doing anything for the patient. The most celebrated night superintendent of this hospital took a special pride in giving, and was most successful in the results of, the menial milk and molasses enema. No member of the Attending Staff should ask an interne to do anything for a patient that he has not done or would not do. No Sister-in-Charge should order a junior nurse to do anything for a patient, private or public, that she would not do herself, and she should often assist the poor junior—and better still, assist her without making the patient aware that the junior needs her assistance. As a Chief, I expect my chief Sister to know every patient, what the working diagnosis is, his present condition, the condition of the wound when last dressed, something about all the new cases, and, believe it or not, I always expect her to be in the ward when I come around!

Not long ago a girl wrote to Dorothy Dix, the female counterpart of old David Harum, who, too, had a lot of good common sense, describing all the qualities and virtues she expected to find in her husband, excluded all the redeeming vices that might make him human and liveable and ended by asking Dorothy Dix what she thought of such a man for her prospective mate. The reply was—"there ain't no such animal!" Now, I differ from this lady, because I have described what I expect from the Sisters-in-Charge and this is just what exists in our own training school and hospital. Our Sisters-in-Charge can and do possess the ability to fill the demands made on them by students, Attending Staff and patients. In addition, thanks to their careful selection, one feels proud to introduce visitors to the wards to the Sister-in-Charge, because she is a lady. She looks the part, dresses to fill the leading role in the drama or tragedy that the ward life unfolds, sets the stage for the acts and scenes of every day, and often provides the comic relief when tension mounts too high.

In a word, we expect everything of our Sisters-in-Charge that a true nurse can give—care and attention to her patients, co-operation and assistance to internes and students, faithful and devoted service to the Attending Staff. When you leave us, as many of you do for matrimony or for positions elsewhere, we miss you—but we know the

M.G.H. will continue to produce excellent successors.

I hope one or more of you may have an opportunity some day to write what you expect of the Attending Staff. It would do us good, perhaps some of us would deservedly suffer from traumatism to our feelings and our pride, but I believe it would help us to appreciate your difficulties, and realize our shortcomings.

Those who are in charge of the private wards will, in addition, require an unusual amount of that virtue—tact—which is the lubricant that oils the wheels of daily social intercourse. The Sister here has a responsibility to the medical attendant that is of great importance. She meets the patient's friends and family, often far too frequently, each day of the patient's stay. Her speech must be most carefully watched, even her actions may influence favourably or adversely the relationship between the doctor and patient. Here, dislike, disapproval or criticism of the Chief has no place. She must be loyal, protective to hospital and staff and still her patient's welfare and care are of paramount importance. No invidious remarks concerning the various attendants or their varying degree of skill, experience or success must ever fall from the nurse's lips. It is often difficult to combine truth and tact, honesty and loyalty, enthusiasm and accuracy. Blessed is that Sister-in-Charge in whom the Attending Staff can confide, secure that she knows and follows the proverb—"hear no evil, see no evil, speak no evil".

A hospital which has such an atmosphere can only have attained it under the leadership of such teachers in Nursing as a Livingstone, a Webster, a Young, and a Holt.

Editor's Note:

An address given, as a part of the regular staff education programme, to the Sisters-in-Charge of the public and private wards of the Central Division of The Montreal General Hospital.

Our South Africans

Interesting letters continue to come from the twenty Canadian nurses who, during 1938, went to South Africa under the auspices of the Committee on the Exchange of Nurses appointed by the Canadian Nurses Association.

Eugenie M. Stuart, who as announced in the January issue of the *Journal* has recently been appointed instructor of nurses at the Kimberley General Hospital, has given us such a vivid account of her adventures that we know she will forgive us for sharing it with our readers:

As you will see, I have moved a little farther North but am still in the Cape Province, having left the other nineteen Canadians upholding the Canadian Nurses Association in Cape Town. This part of the country, I was told was very barren, uninteresting, hot, dry and dusty but I think it is all in the way one looks at things. True, the beauty of the Cape is hard to equal, but here, there is beauty too, though of a different type. Kimberley is inland and, therefore, we miss the sea. There are no mountains with their breath-taking indescribable evening sunsets; there are no marine drives with their abundance of wild

flowers; there are no vast vineyards. But we have here a beautiful blue sky with its small fleecy clouds—one thing which I missed greatly in Cape Town, where there always seemed to be a great dark cloud hanging over Table Mountain predicting another "south-easter". And there are a great many trees and beautiful flowers of every variety—and then acres upon acres of the *veld*. It is barren, but in the evening with a beautiful sunset, nothing could be more open for imagination. A moonlight night, a fire and some home-made pork sausages—one cannot wish for more. The sun shines every day, a dry pleaant heat interspersed with many small showers of rain. Then the sun comes out again.

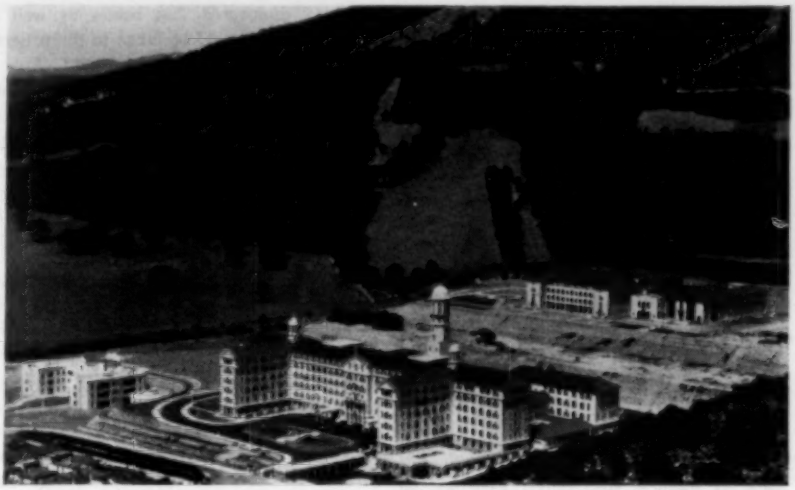
Life in this country is different and it is taking some little time to adjust to the customs and habits of the people, both inside and outside of the hospital. In this part of South Africa I feel we are nearer to what one imagines 'the dark continent' to be. This became more apparent when last week I spent a morning with the district visiting nurse. Public health nursing (and the visiting nurse organization) has attained quite a marked degree of perfection in its own way and under considerable strain. Early in the morning one of the Sisters on the staff of the Kimberley Hospital and I started out in the Hospital car to attend the Location, which is the name given to that part of the outlying district where the natives live. When we arrived at the Dispensary we found a group of native men, women, and children awaiting us for treatment, dressings and medicines. It being Saturday, many were there with their bottles ready for the weekly distribution of smear oil, an oil used to keep away fleas. We were joined by one trained and one untrained native nurse. The Sister interviewed all the new patients prescribing for some of them and advising others to seek admission to the hospital. The native nurses did all the dressings and by ten o'clock almost all had gone on their way.

But outside the office (which is located in the Municipal Police Building), about fifty children were waiting for their daily supply of milk and another group of about thirty men, women, and children were queued up for their beer licenses. Each family, by law, is only allowed to make four gallons of Kaffir beer per week. For this privilege they must obtain a permit from the police. The Assistant Chief of Police, after offering us a friendly morning tea party, read out the names of those entitled to another permit and each eager applicant took his valuable license home to indulge again for another week.

We then set forth with the trained native nurse to make calls at the kraals. In this part of the country there are few of the frequently pictured round kraals. They are mostly all square tin huts containing four to seven rooms—each room with its large and growing family. Each family pays a rental of approximately seventy-five cents a week to one chief, who does not own the kraal but pays rent to the government. There are no marriage laws, so one man may have several wives, according to the number of cattle he owns and with which he pays for his wives. And so the families increase. They are very superstitious, and one finds many queer ornaments adorning their bodies.

We made several post-natal visits, and almost without exception found the mother and baby lying together on the floor, though all was in readiness for the nurse's visit. In many kraals although we found beds, the patient preferred to lie on the floor. After the baby has been delivered, the nurse makes a daily visit for ten days, with the exception of Sunday. For the delivery and the ten subsequent visits the fee is two dollars and a half. It is quite unsafe for a white person to go into the Location over the week-end as it is at this time that they all freely imbibe their beer. If illness occurs over the Sunday the ambulance from the Hospital goes out and brings the patient to the Hospital. Following our visit on Saturday we had thirteen admitted to hospital, the result of a great fight on Sunday—the majority of them suffering from stab wounds.

The majority of the kraals were very clean, the floors scrubbed white wherever there was a floor, or the mud floor neatly



A view, taken from the air, of Groote Schuur Hospital and the slopes of Table Mountain

swept. A few dishes were displayed in shining order, and what bedding there was looked quite clean. Always there was clean clothing, and soap and water, placed before us for the baby's bath. No, there was *one* exception—we came upon one old grandmother squatting on the floor preparing tripe and kidney. In the middle of the room, merrily boiling, was a kaffir pot. But there was no hot water for baby's bath—they had taken care to salt the only water drawn, in preparation for the great delicacy. Several others in the family sat around anxiously awaiting the meal. In many kraals we found that the principal food was mealie porridge and saw the mealies in all stages of preparation for the kaffir beer—*but we did not sample the beer.*

And now we hear from another of Canada's nurses, Miss Hazel M. Hay, formerly a member of the nursing staff of the Royal Victoria Montreal Maternity Hospital, and now working at the magnificent Groote Schuur Hospital in Cape Town.

It is very hard to believe that four and a half months have passed since I sailed for South Africa and left all my Montreal friends behind me. I must be a fair sailor, for I wasn't at all seasick in spite of the fact that the sea was quite heavy. We arrived to find the sun shining brightly on Table Mountain, indeed a beautiful sight. At last, I arrived at Clarendon House, the nurses' residence of the Groote Schuur Hospital, which must be about four miles from the centre of the city. The buildings are of brick with a cream-coloured plaster on the outside. Table Mountain is in the background and we often take a walk up to the Rhodes Memorial. The trees are lovely and zebras may be seen feeding in the open spaces. A little further on is the Zoo where I first saw an ostrich.

Without a doubt, the scenery is gorgeous. Just the other day I went for a lovely drive to Cape Point, just beside the Cape of Good Hope. The Marine Drive leads along the side of the mountain just at the edge of the ocean. Standing by the lighthouse on Cape Point, eight hundred feet above sea level, you can see the place where the Indian

and Atlantic Oceans meet. On our way back we passed through a British naval base.

When I arrived here, winter was supposed to be about over and spring commencing. Outside, I felt the weather very pleasant but oh, the buildings were so cold. The houses here are built for a warm climate and have no heating systems. I slept with eight layers of blankets over me, but now it is becoming much warmer and at last we are more comfortable.

Our duty hours are much longer than in Canada. We go on at 7.10 a.m. and work till 8.30 p.m. with almost four hours off per day. We get one day off a week and a half-day on Sunday. I have been on three different wards since I came—surgical, orthopaedic and the nose and throat ward with which is connected the theatre. The equipment is very nice indeed, everything is made of stainless steel. Over each bed on the wall is a night light below which is a headphone. This the patients use and enjoy a great deal. The operating room staff do not prepare the sterile supplies for the wards. Instead, the wards are supplied with drums which are filled with the necessary dressings, towels, etc. to be sterilized by the ward nurses. It works out alright but I believe I prefer the package idea.

The wards are divided into European and coloured. Coloured people are not allowed to enter an European ward. I was amazed when I discovered that babies as well as small children could be taken to the patient's bedside.

When I first entered the wards, I found everything so different—methods, treatments, routines, and, last but not least, the language. It was all a jumble of words to me. Even when they did speak English, I could scarcely tell whether they were asking me something or telling me something, for at the end of every statement they seemed to raise their voices. At the end of one week, after seeing, hearing and doing so many different things, I could have declared I had been here a year.

Besides working on the ward and helping in the theatre, I go down to the nose and throat clinic two mornings during the week. On Monday and Friday afternoons the tonsils cases are operated on. There are sometimes as many as fifteen cases in the afternoon. The other types of cases are done on Tuesdays or Fridays.

Three Toronto nurses, who came out last winter, have been on vacation and have just returned from a motor trip to Johannesburg, through the Reserve and back by Durham and the Garden Route. When I get my vacation, four of us are planning on going on a two thousand miles trip to Victoria Falls and as many other places as we have time for. I am excited already!

HONOURS FOR BRITISH NURSES

Canadian nurses will be pleased to hear that Miss E. M. Musson, in addition to the many honours already confered upon her, has now been made a Dame of the British Empire. Busier in her retirement than many nurses are during an active career, Miss Musson is chairman of the General Nursing Council for England and Wales; member, Inter-Departmental Committee on Nursing Services; treasurer, International Council of Nurses.

No one who had the pleasure of meeting Mrs. Rebecca Strong will ever forget that charming and forceful personality. In recognition of her fine contribution to nursing she has been made an Oficer of the Order of the British Empire.

Congratulations to our British colleagues!

Medical Aspects of Lobar Pneumonia

ROBERT STARRS, M.D.

Ottawa, Ont.

Lobar pneumonia is an acute infectious disease characterized by grave toxaemia, consolidation of the lung and frequently by a bacteraemia. The causal organism in at least 95 percent of cases is the pneumococcus. It is an epidemic and endemic disease, self-limited and usually terminates abruptly. Scarcely any disease exceeds pneumonia for its dramatic interest, for here we are frequently presented with the spectacular picture of a lusty robust individual being suddenly stricken down in the midst of his enjoyment of perfect health, almost immediately becoming critically and even gravely ill. In a few short days his life hangs in the balance, and in a period of ten days the battle has ordinarily been won or lost.

In 1874, von Jurgensen advanced the idea that pneumonia was an infectious disease due to a specific cause, basing his hypothesis largely upon the apparent incongruity between the local lesion and the severity of the systemic manifestations. Then came the era of bacteriology, the resolution of clinical complexes into etiologic entities and the definite proof of the validity of Jurgensen's view. To Frankel (1884) is due the credit of establishing the pneumococcus as the causal agent of lobar pneumonia. He isolated it from the sputum of pneumonic patients, noted its regular presence in the pulmonary exudate and, with pure cultures, infected mice, guinea-pigs and rabbits.

The succeeding twenty years brought refinements of the methods of diagnosis, the more general use of cultures of blood and sputum, immunologic studies and futile efforts to discover a specific therapy. It was not until the beginning of this century that the path was blazed for the very modern procedures that are modifying our ideas of the etiology and epidemiology of the disease, and are furnishing accurate prognostic data and a basis for a specific serum treatment. Neufeld's subdivision of pneumococci into biologic subgroups, and the confirmation and extensive elaboration of his work by the workers at the Rockefeller Institute are of fundamental importance. Neufeld first clearly proved that groups of pneumococci could be differentiated from one another by their immunologic reactions and Dochez and Cole at the Rockefeller Institute established the differentiation of the species into four definite types. In 1927 Cooper identified 29 different types in the miscellaneous strains included originally in Type Four. There are at least 32 types.

Sabin's modification of the Neufeld reaction is now used almost entirely for rapid typing and may be described as follows: Two small flecks of sputum are placed on a cover-slip and to each bit of sputum is added an equal quantity of the undiluted specific serum (Type One serum to one fleck, and Type Two to the other) plus a loopful of methylene blue stain. A hanging-drop preparation is then made and examined under the oil-immersion lens. The examination can then be done after waiting a couple of minutes, the finding of even a single diplococcus, demonstrating the Neufeld reaction, identifies the type. This consists of a marked swelling of the capsule of the organism so that one finds the cocci surrounded by peripheral zones of characteristic appearance and distinct

outline. This so-called zone consists of a refractile substance which does not take the stain and has a ground-glass appearance. The organism within it is stained blue.

A precipitin reaction in the urine has also been devised to determine type specificity. Dochez and Avery have demonstrated a specific soluble substance in the urine of pneumonia patients that gives a precipitin reaction with anti-pneumococcus serum corresponding in type to that of the organism with which the individual is infected.

The immunity that develops in favourable cases is believed to be due to increased phagocytic power of the patient's blood serum. The crisis is not due to anatomic changes or to sudden loss of virulence of the pneumococcus. The ultimate outcome in any case, therefore, depends upon whether the pneumococci or the leukocytes gain supremacy.

The onset is abrupt, usually with a rigor of variable duration up to one hour or more. During the chill, there is obvious apprehension, the teeth chatter, there is generalized shivering, the patient complains of feeling cold and feels so ill he takes to bed. A gradual subsidence of the rigor occurs, to be replaced often by a sensation of unbearable heat, associated with flushing, throbbing headache, anorexia, occasionally vomiting. The temperature rises sharply and may reach 103° to 105°. Usually at the onset or after the rigor there is intense lancinating thoracic pain, respirations are rapid and shallow and there is a dry hacking cough.

This history with the finding of dyspnoea, flushed skin and often slight cyanosis, bright glistening eyes, expiratory grunt, dilation of the alae nasae with each breath, and fast pulse, arouses the definite suspicion of a developing pneumonia. Examination of the lungs may discover only limited expansion of one side of the chest, suppressed breath sounds or possibly a pleural friction rub. After 24 to 72 hours, the pain usually diminishes, the cough becomes productive, leading to the expectoration of characteristic "rusty" sputum, herpes appear on the lips or face, fever continues at the same or a higher level and tachycardia persists.

By the fifth to the eighth day all symptoms may become more marked, the pulse weaker and more rapid, the cyanosis more pronounced, the outspoken signs of consolidation increase and delirium may now be present. At a varying period after onset, the crisis may occur, ranging from the second to the thirteenth day or later, but usually between the fifth and eleventh days. The crisis in pneumonia constitutes one of the most remarkable occurrences in the course of any disease. The temperature suddenly falls, reaching normal in ten to twenty-four hours, beads of perspiration appear on the face and soon the entire body is bathed in a copious sweat, respiration becomes slower and easier, the colour improves, the sensorium clears and the patient passes from a state of extreme illness and discomfort to one of comparative well-being. In fatal cases the crisis does not develop and the patient steadily becomes more gravely ill until collapse and death ensue. Not infrequently a comparatively mild case may suddenly become critically ill, this usually being indicative of a sudden new spread of the involvement of the lung with coincident increase in toxaemia or the development of a bacteraemia. It is well to appreciate the fact that pneumonia is so commonly not a local disease but a generalized infection, a blood sepsis.

A pseudocrisis occurs in about 10 percent of cases and is characterized by a marked abrupt lowering of temperature

one to three days before the true crisis and accompanied by general improvement, but less marked slowing of the pulse with a subsequent rise of temperature in twenty-four to forty-eight hours. Laboratory findings show that a slight anaemia often develops, with a drop of 250,000 to 500,000 red cells. The white count is characteristically increased, running from 15,000 to 35,000 in most cases. The mortality is said to be high when the leukocytes are below 10,000 or above 60,000. Taking of blood cultures is of prime importance for accurate diagnosis, prognosis and treatment. Bacteraemia means a severe infection and is a serious prognostic sign. It is very important to obtain sputum for identifying the type of organism. In children and in some adults, particularly early in the case, sputum can only be obtained by inserting a curved sterile swab into the pharynx to provoke a paroxysm of coughing. The sputum that may thus be raised will often adhere to the swab and from this cultures can be made.

The chief sources for the spread of pneumonia are patients with the disease, convalescents who harbour the organisms for a short time in their buccal secretions (convalescent carriers), persons who have acquired the organisms by intimate contact with patients (healthy carriers), and dust from the immediate surroundings of patients or carriers. It is obvious, therefore, that scrupulous isolation of patients with enforcement of rigid precautionary technique in the care of these individuals, is definitely indicated. Embarassing though it may be, we must all confess to being remiss in carrying these measures out. In very few hospitals do we find pneumonia patients strictly isolated or indeed any real precautions instituted. In the face of our indifference, it does seem amazing that we so seldom see straightforward cases of cross-infection, yet it can not be held that they do not occur. Modern opinion points to the need for isolation, use of gowns by all attendants, with disinfection of the hands on every occasion. Masks are undoubtedly a worthwhile precaution and every effort should be made to cover the patient's mouth when he coughs, though of course in extremely ill patients this would appear to be rather a Utopian hope. Daily cleansing of the room, proper disposition of sputum with the use of sputum boxes, and terminal disinfection are all indicated.

No greater aid to the patient in his fight for life can be mentioned than the provision of skilful nursing care. No disease will so severely test the judiciousness of the attendants. Unquestionably, we all err in bothering the patient unnecessarily and unwisely. Pity the plight of the poor patient who is trying to get a little rest when he is attended by a nurse who wants to do something all the time and by one or more doctors who are continually disturbing him for unwarranted examinations. And yet the necessary nursing care is comprehensive and examinations must be done lest important complications escape detection. However, these examinations should be carried out with the least amount of disturbance. There is little excuse for sitting patients up for examinations and none for allowing him to feed himself or to be reaching over to tables for sputum cups and gauze. Such nursing details as turning the patient without allowing him to draw upon his own energy and avoidance of unnecessary exposure need emphasis. Proper ventilation of the room with the ever-open window, warm but light bed clothes, convenient gowns for the patient, must be provided. Freedom from visitors must be insisted upon. The patient's best position is that of least distress. Relief of

pain and restlessness is imperative. The use of binders, strapping and opiates is often wise.

An acute febrile illness such as pneumonia naturally calls for a very liberal fluid intake. Often nourishment has to be provided entirely in fluid form, but in most cases soft foods can also be tolerated. Some believe that it is wise to add salt to the intake, as there is a retention of chlorides in the disease. Bowel function must be regulated by mild laxatives and enemata. The care of the mouth should be seen to at least twice daily. Poultices and pastes are contraindicated as they only add to the difficulty of respiration. Likewise, expectorants and stimulants are not ordinarily indicated. The value of alcohol has been over-emphasized and most authorities believe that its value is limited to cases in which it promotes appetite, to those addicted to its use, and to elderly patients as a food or hypnotic.

There are obvious advantages in having a pneumonia patient under hospital care. The most important of these are that a clinical laboratory, where sputum and blood cultures can be frequently examined, is accessible; X-ray examinations are conveniently made; a house physician is available to handle any emergency; oxygen therapy can be more readily supervised; serum therapy can be given at regular intervals, a procedure which is difficult to carry out in the private house; and finally if a surgical emergency arises, treatment can be promptly initiated.

Frank cyanosis is an index of the need of oxygen therapy, and the oxygen tent is the method of choice to relieve the anoxaemia. It is only a supportive measure and in some cases will allay restlessness, though in others it has to be discontinued because patients become more restless and apprehensive when confined in the tent. Hydrotherapy is invaluable in the form of cool or tepid sponging which often reduces fever, increases comfort and diminishes restlessness. It may be repeated at four-hourly intervals.

A tremendous number of drugs has been used but few have been of much value. Very recently, May and Baker in England have caused much expectation concerning the use of a new chemotherapeutic, closely related to sulphanilamide, called M and B 693. Early reports indicate that this drug has given results almost as good as specific antisera and that it is effective in all types. If later tests bear out this claim a great advance will have been made.

And now for final consideration, I have purposely reserved specific antipneumococcus serum therapy, because it is by far the most important and most widely accepted method of treatment. Numerous attempts have been made to produce an anti-pneumococcus serum with potent prophylactic and curative properties and to Neufeld and Handel belongs the credit for the preparation of the first useful serum. They demonstrated the specific antigenic properties of the several types of pneumococci and stressed the necessity of type specific sera.

Following the subdivision of the organisms into Types One, Two, Three, and Four, immunization of horses by intravenous injection of a given strain led to the production of an antiserum of fair potency against Types One and Two, but no satisfactory serum could be made for Type Three, and it was recognized that the old Type Four was a heterogeneous collection of many different strains. In 1924, Felton observed that the protective substances were contained in the globulin fraction of the serum and that a maximum concentration of them could be obtained in the precipitate of the serum

globulins obtained by diluting the serum with distilled water or alcohol. These methods of refinement and concentration are employed at the present time by manufacturers in the preparation of commercially available sera. Anti-pneumococcus serum is now commonly referred to as Felton's Serum.

In 1937, Horsfall and others showed that some of the undesirable effects of the horse serum could be circumvented by the use of immune rabbit serum. Moreover, the relative ease and rapidity with which these sera can be made, the lower cost, and the facility of administration, enhance their value. Then too rabbit serum can usually be given to one who is hypersensitive to horse serum. After the clinical diagnosis has been made, and the specific strain of pneumococcus has been established, it must be determined whether or not the patient is hypersensitive to serum—horse or rabbit—whichever is to be administered. Next, 0.5 to 1.0 c.c. of Epinephrine solution 1 : 1000 should be made available in a sterile syringe, and should always be ready before any dose of serum is given.

If the patient has an allergic history, or if testing has demonstrated sensitiveness, a subcutaneous injection of adrenalin should be given five to eight minutes before injection of the serum. The serum is given intravenously and in all cases very slowly, the first 1 c.c. in three to five minutes, the remainder at the rate of 1 c.c. per minute. The risks of untoward happenings may be minimized if the serum is diluted with physiologic salt solution. Close watch must be kept on the patient and if any evidences of allergy appear such as faintness, dyspnoea, cyanosis, or restlessness, the treatment must be discontinued. Reactions may develop even in those who have reacted negatively to tests or favourably after previous injections. Doses of 20,000 to 40,000 units are given every two hours so that within twelve to twenty-four hours the total dosage of 100,000 to 200,000 units, or even more where bacteraemia exists, has been given.

The beneficial effect of potent serum may be dramatic, particularly if it is administered early and in adequate amount. Often the temperature falls by crisis within a few hours, accompanied by corresponding improvement in every way with a return of a sense of well-being. In favourable cases the course of the disease is shortened, symptoms are ameliorated, convalescence is hastened and the incidence of complications diminished. In some instances, after a preliminary fall of temperature, there is a subsequent febrile reaction or the pulse remains rapid. Unsatisfactory response calls for a check of sputum and blood to be certain of the type or to determine whether or not more than one strain of pneumococci is in operation.

Duplication of the excellent results reported in the literature depends upon use of the correct antiserum as early as possible in the course of the disease and in adequate dosage.

Editor's Note: This article is the substance of an address delivered by Dr. Starrs at a meeting of the Public Health Section, District 8, R.N.A.O.

Group Leadership

It has long been apparent that organizations of nurses have done much to advance the interests of their own members and, more recently, this stimulus has been extended to the community at large. A striking example of what can be done by an organization which is capably led, and is alive to its opportunities, was recently given by District 8 of the Registered Nurses Association of Ontario. A health institute, given recently under its auspices is here described by its very capable chairman, Miss Grace A. Tanner, of the Ottawa Civic Hospital:

A three-day health institute, sponsored by District 8 of the Registered Nurses Association of Ontario, was recently held in Cornwall. Its purpose was to stimulate the interest of all groups of the community in health, and the co-operation of some twenty-five agencies made it a real success. Included in the programme were addresses by eminent speakers, demonstrations by nurses and other health teachers, films on related subjects and exhibits presented by various organizations.

The House of Health

The first day's programme opened with the Metropolitan Life Insurance Company's film on pneumonia followed by a demonstration of school health inspection conducted by the Cornwall school nurses, Miss Catherine McDougall and Mrs. Muriel Hunter. Children from St. Columban's School also contributed to the programme by singing a health song in French. The many reasons for patients being treated in sanatoria and for the examination of contacts was skilfully brought out in dialogue form by Miss Frances Harris of the May Court Tuberculosis Clinic, Ottawa, and Miss Marjorie Robertson of the Royal Ottawa Sanatorium Clinic, Miss Harris acting the part of the wife of the patient who was being persuaded to enter the sanatorium, and Miss Robertson that of the visiting nurse.

The evening session opened with the Canadian Tuberculosis Association film "Behind the Shadows". Dr. J. A. Tallon acted as chairman and introduced Dr. G. C. Brink, Director of the Division of Tuberculosis Control in the Department of Health of Ontario. Miss Laura Pepper, Home Economist, Marketing Service of the Department of Agriculture, gave an address on nutrition which presented many important points regarding the proper uses of food.

One whole day was set aside for the study of maternal and infant welfare and of social hygiene as related to venereal disease. Two members of the Cornwall Branch of the Victorian Order of Nurses, Miss Mary Ross and Miss Arlie Wright, acted as visiting nurse and prospective patient, respectively, in presenting a pre-natal visit, bringing out suggestions of great value to the

A miniature immunization clinic

prospective mother. Miss Lera Barry, of the Ottawa Civic Hospital Maternity Division, followed with a demonstration of the bathing of a baby, four nurses acting as the mothers being taught the different important points to be considered in the care of the newly-arrived member of the family. The evening session opened with the film, "Damaged Lives", prepared by the Health League of Canada. Dr. Ernest Couture, Director, Division of Child and Maternal Hygiene, Department of Pensions and National Health, spoke of the health situation as it affects mothers and infants and children yet to be born. Dr. Gordon Bates, General Director of the Health League of Canada, spoke of gonorrhoea and syphilis and of the large number of wasted lives caused by these great evils.

The last day of the institute was devoted to mental hygiene and social welfare. Films loaned by The Children's Bureau, U.S.A. Department of Labour, were shown, describing the value of routine in a baby's life and of posture in the school child. Miss Dwight and her assistant in the Women's League of Health and Beauty, Montreal, assisted by Miss Davis of the Cornwall group, gave a splendid demonstration of the value of exercise. Dr. Florence Dunlop, psychologist of the Ottawa Public Schools, spoke of the understanding necessary to prepare the various stages of childhood and adolescence for responsible citizenship. Dr. Janet Lang, secretary of the Canadian Welfare Council on Maternal and Child Hygiene, correlated the different aspects of health in relation to social welfare. The exhibits were of a very high order. The Canadian Welfare Council, the Ottawa and Cornwall branches of the Victorian Order of Nurses, and the Maternity Department of the Ottawa Civic Hospital, together were responsible for the exhibit on maternal and infant welfare, wich displayed miniature rooms prepared with ordinary home equipment for nursing, the set-up of the Victorian Order for delivery in a home, a suitable layette, croup tent and a premature nursery. The challenging pictures of the Canadian Welfare Council, showing the responsibility of the parents and of the professions toward maternal welfare, formed the background for this exhibit. Added to this, was the original painting of the Dionne quintuplets, loaned by the Department of Health. The exhibit of the

Women's Institute of Stormont and Glengarry, showed by pamphlet and poster the activities promoted by it. The Children's Aid Society depicted some telling statistics of their work, and the Social Service Council of Cornwall exhibited drawings and paintings as well as articles of embroidery and knitting produced by patients of the Ontario Hospital, Brockville. The Canadian Tuberculosis Association, the Eastern Counties Unit, the St. Lawrence Sanatorium and the Royal Ottawa Sanatorium united to prepare a telling exhibit. The Hôtel Dieu exhibited a house showing the value of proper ventilation. The Ottawa General Hospital Alumnae Association had a beautifully arranged exhibit on immunology, depicting, side by side, an immunizing clinic and a diphtheria ward where the children had not been protected.

The pupils of the Cornwall Public School exhibited a spectacular house built of foods necessary to the building of a sound body. This house of health had milk, in bottles, as uprights, walls of rolled oats, roof of graham wafers, shutters of brown bread, curtains of lettuce, steps of cheese with railing of loaf sugar, fence of nuts and prunes, and the surrounding landscape was broccoli. Well prepared posters of health subjects drawn and coloured by the pupils of the public and St. Columban's schools were shown and the Junior Red Cross showed some of the work being done by the organized classes in Cornwall as well as in many different countries.

The Cornwall Busy Bees' Club occupied an entire booth with attractive display of handicrafts of many kinds which amateur carpenters, electricians and others, have occupied their spare time in making. A model of the town of Cornwall, executed by the St. Columbans Boys School, attracted much attention, many people trying to locate their own home, and the interest of the town people was evidenced by the fact that the attendance increased each session, over 350 being present on the closing night. A busload of thirty nurses motored from Ottawa to attend part of the Institute and to view the exhibits.

The Ottawa Civic Hospital Alumnae Association provided the programmes, and the Cornwall press were generous with their space. Of the various other organizations and individuals working under the direction of Miss H. C. Wilson, superintendent of the Cornwall General Hospital, as convener of the local arrangements committee, and of Miss M. Rowe, chairman of the Cornwall Chapter of District 8, we cannot say too much in praise. But the co-operation of all made possible the success of this institute.

GRACE A. TANNER

R. N. A. O. ANNUAL MEETING

The fourteenth annual meeting of the Registered Nurses Association of Ontario will take place from April 13 to 15 inclusive, in the Royal York Hotel, Toronto. An interesting programme is assured.

THE EDITOR'S DESK

The Sister-in-Charge

In this issue, the distinguished Chief of a Surgical Service tells us what he expects of the Sister-in-Charge. In the Montreal General Hospital the English precedent is still followed and the head nurses are thus designated, although they do not take on the name of the service to which they are attached—a custom which in England sometimes leads to such strange combinations as "Sister Casualty".

We think that there is a good deal to be said for this custom because, at her best, the head nurse is indeed a *sister*, —that is, a woman of your own kith and kin who while not cherishing many illusions, is nevertheless genuinely willing to help and serve you. Whether you happen to be the Chief Surgeon, or just the sick patient over by the window, she will probably boss you a little in true sisterly fashion, entirely for your own good and without your being in the least aware of it. And there will be a twinkle in her eye as she does it because, as Dr. Henry says, the Sister-in-Charge has that saving sense of humour which makes it possible to exercise authority without being too solemn about it.

Group Leadership

A few days ago we happened to visit Cornwall, a pleasant Ontario town, prosperous and busy, and having several industrial plants employing a number of people. During the previous week there had been a Health Institute in Cornwall and people were still talking about it. They said that it had been one of the most stimulating and interesting affairs the town had ever had. Everybody had got together on it and made it a success. And now they understand why they need a child welfare clinic, and what toxoid is all about. They realize that public health nurses are useful public servants, and that modern hospitals are as indispensable as the fire department or the policeman on the corner.

Well, you may say, nothing very startling about all that—there have been health institutes before. And so there have. But this one is news because it was organized and conducted by a local unit of the Registered Nurses Association of Ontario. In other words, the organized nurses of the district in which the community is situated gave a convincing demonstration of how the people who live in it may seek health and enjoy it. Such institutes don't just happen. Success depends upon capable and tactful leadership which knows what resources are available and then gets everybody to work together effectively. Read "Group Leadership" by Grace A. Tanner, chairman of District 8, Registered Nurses Association of Ontario, and then ask yourself whether the nurses' association in your town might not co-ordinate the scattered forces now struggling toward healthier and happier living.

The Nurse's Battle

In pneumonia, more than in any other disease, good nursing may win the day. Dr. Starrs' lucid discussion merits close study, especially those paragraphs in which he deals with our failure to observe medical asepsis as strictly as we should.

NURSES FOR THE MISSION FIELD

The following appeal is addressed to Canadian nurses by the Woman's Missionary Society of the United Church of Canada. It will surely strike a responsive chord in the hearts of nurses who have a vocation for the mission field:

The Christian Church has always been interested in the ministry of healing. To-day the Woman's Missionary Society of the United Church of Canada maintains thirteen out-post hospitals in Canada, and thirteen hospitals in the foreign field—five in China, five in India, two in Africa and one in Korea. Since the Union of the Churches in 1925, this Society has sent out a steady stream of nurses and women doctors, who are not only giving fine professional service, but are also helping to lay a permanent foundation for international friendship and world peace.

With regard to taking up missionary work, it should be considered as a life vocation. Candidates do not, however, enter into any binding contracts and adjustments are gladly made should necessity arise. The Society gives a good, average salary, a furlough year with salary for further study and recuperation, and has an efficient plan for sick and retirement allowances. The age for appointment is from 23 to 35 years for Canada and from 24 to 30 years for work abroad.

The requirements are Senior Matriculation (Grade XII) for the foreign field, and Junior Matriculation (Grade XI) for Canada, followed by professional training and successful professional experience. In the foreign field, our nurses have a unique opportunity to teach and to help in the establishment of professional standards. Thus, teaching experience and knowledge of hospital administration and public health are invaluable.

Since the Christian Church has its own specific method of work and field of knowledge, the Society also requires one year at the United Church Training School, Toronto.

The Society now has openings for five nurses in Canada, three in West China and two in Africa. The writer would consider it a pleasure to give more detailed information as to the various fields.

Letters should be addressed to Miss Olive I. Ziegler, Candidate Secretary, 609 Avenue Road, Toronto.

TYPOGRAPHICAL ERROR!

The typographical error is a slippery thing and sly.
You can hunt till you are dizzy, but it some how will get by.
Till the forms are off the presses it is strange how still it keeps;
It shrinks down in a corner and it never stirs or peeps,
The typographical error, too small for human eyes,
Till the ink is on the paper, when it swells to mountain size.
The boss she stares with horror, then she grabs her hair and groans;
The copy reader drops her head upon her hands and moans—
The remainder of the issue may be clean as clean can be,
But that typographical error is the only thing you see!

"P. E. I." and "P. Q."

Last month we promised to tell more about the activities of *The Canadian Nurse* Committees recently organized under the auspices of the provincial Associations of Registered Nurses and we are going to begin with the Registered Nurses Association of Prince Edward Island. Without any fuss or feathers, the nurses of "the Island" quietly decided to do something about the *Journal* and, within three months, doubled its circulation within their borders. If every Province in Canada would do just that, our troubles would soon be over. Grand doings are going on in several of the other provinces too, but in this issue we intend to concentrate on the work of *The Canadian Nurse* Committee of the Association of Registered Nurses of the Province of Quebec.

The remarkable results achieved by this committee do not come about by chance but are the logical sequence of sound organization and capable leadership. To begin with, the situation in Quebec is complicated in that the membership of the Association includes many French-speaking nurses to whom a *Journal* written in English is of little practical use. Furthermore, the French-speaking nurses are very loyal, and rightly so, to their own excellent publication, *La Garde-Malade Canadienne-Française* and cannot reasonably be expected to support two journals. Nevertheless, they feel that they have a share in the ownership of *The Canadian Nurse*, since they are members of the Canadian Nurses Association which owns and publishes it and furthermore, are intensely interested in the activities of the Association and wish to take their full share in them. Under these circumstances it was natural that the work of the committee should be placed under the joint convenership of Miss Katharine MacLennan and Mademoiselle Annonciade Martineau, as representing the English and French groups respectively.

The general plan of organization which the Committee adopted is quite simple, but has been so effective that it might readily be used by any group, large or small, which desires to help the *Journal*. At its first meeting, a steering committee was appointed consisting of eleven members, including the two conveners, together with the president, the honourary treasurer, and the executive secretary of the Association of Registered Nurses of the Province of Quebec. The remaining members represented various nursing interests, both English and French. Later on, this committee was enlarged by the addition of twenty more members in order to make sure that every group was adequately represented. The general plan now in operation may be summarized as follows:

1. The committee is directly sponsored and controlled by the Association of Registered Nurses of the Province of Quebec.

2. The president, treasurer, and executive secretary of the Provincial Association are members *ex officio*, and with power to vote.

3. The committee (though not necessarily its membership) is permanent in character and will continue its work from year to year.

4. The expenses incurred in connection with the work of the Committee will be met by the Provincial Association, but may not exceed the amount officially authorized.

5. A definite objective was decided upon and a time limit set for its realization.

6. The Committee listed and made a direct appeal for assistance to every nursing group, not only in the city of Montreal but throughout the Province.

7. The various alumnae associations and other participating groups are left free to work along the lines they prefer and the committee conveners stand ready to advise and assist them.

8. Circulars of information were widely distributed. These are written in an informal "ask me another" style, and give pertinent and lively facts about the *Journal*. Valuable assistance in preparing these was given by the executive secretary of the A.R.N.P.Q., Miss E. Frances Upton.

9. In order to bring the work of the Committee to the attention of the whole membership of the provincial Association, it was decided to prepare an exhibit to be shown at the annual meeting. This task was undertaken by Miss M. Flander with the assistance of Miss Electa MacLennan. This exhibit proved to be such an attraction that it will be described at greater length in a subsequent issue. From the booth were distributed amusing little bookmarks, craftily concealing subscription blanks.

Having thus given an outline of the working plan we now pass on to the results obtained:

1. With one more month to go before the time limit expires, the circulation of the *Journal* in the Province of Quebec has increased by seventy percent.

2. Contracts for advertising, (directly traceable to the increased circulation in Montreal) have been received, the total value of which is about six hundred dollars.

3. A far better understanding of the potentialities of the *Journal* exists among the groups who helped to make the campaign a success.

As a veteran of many campaigns we would like to add a word. Although we took no active part in the venture, we did have a ringside seat and, therefore, a good view of what was going on. There were several reasons why the work of this Committee succeeded and any group working on a similar project would do well to study them:

1. The enterprise had the active support and goodwill of the president and the executive committee of the Association of Registered Nurses of the Province of Quebec. No Provincial campaign can hope to succeed without official backing.

2. The committee conveners are themselves convinced that the *Journal* is worth supporting and there was nothing halfhearted or perfunctory in their attitude towards it. They understood its potentialities as well as its problems, and were prepared to explain them to their fellow-workers in no uncertain terms.

3. The representatives of the various nursing groups did excellent work in their respective units. Getting reluctant subscribers to sign on the dotted line in a gruelling task but they stayed by it and were rewarded by a definite sense of accomplishment when the returns began to roll in.

4. The general meetings of the Committee are held in happy and congenial surroundings. Thanks to the gracious hospitality extended to them upon several occasions the members have an opportunity of working and even playing together.

To sum up—the Committee succeeded because it deserved to succeed. It has official sanction and support, it knows where it is going and intends to get there. Above all, it has the sort of leaders who grudge neither time nor effort once they take a job in hand.

BRITISH COLUMBIA ANNUAL MEETING

The annual meeting of the Registered Nurses Association of British Columbia will be held at the Georgia Hotel, Vancouver, on April 14 and 15 inclusive. Full details of the programme are not yet available but prospects are excellent.

A NOTABLE APPOINTMENT

Jean Isabel Masten has recently been appointed superintendent of nurses in the Hospital for Sick Children, Toronto, and brings to her new duties a thorough preparation and a broad experience. Miss Masten received her general education at Bishop Strachan School, Toronto, and Wycombe Abbey School, in England. She is a graduate of the School of Nursing of the Hospital for Sick Children, and by way of postgraduate work, took the course in teaching and hospital administration offered in London under the auspices of the Florence Nightingale International Foundation. Miss Masten has served successively as director of the physiotherapy department of her own hospital and as head nurse in various departments. She has also had experience in teaching and, as the readers of the *Journal* will agree, can write an informative and readable article.

Miss Masten has always been active in nursing organizations and is now the president of the Alumnae Association. There can be no doubt that under her direction the School and the nursing service of the Hospital will continue to uphold the excellent reputation they already enjoy.

JEAN ISABEL MASTEN

COURSE OF LECTURES BY DR. BLATZ

The Children's Memorial Hospital is privileged to announce a series of lectures on Child Study by Dr. W. E. Blatz, Director of the School for Child Study, University of Toronto. The course will commence on Monday, March 27, 1939, and will consist of five lectures, one lecture to be given each night from 8.30 to 9.30 p.m., followed by discussion. The topics are (1) a concept of security; (2) a philosophy of living; (3) vocational adjustment; (4) recreation and relaxation; (5) your life inside and outside the family.

The Hospital extends an invitation to all those interested to join its staff in this opportunity of hearing Dr. Blatz. In order to help toward the financial cost of this undertaking, members of nursing organizations are asked to contribute by paying a fee of $2.00 for each person for the series of five lectures. The lectures will be given in the School for Crippled Children, 1585 Cedar Avenue (adjoining the Children's Memorial Hospital). As the seating capacity is limited, the Hospital would appreciate being notified as soon as possible.

A PIONEER PUBLIC HEALTH NURSE

MARY POWER

Director of Health Education,
Ontario Department of Health

The ranks of public health nursing sustained a grievous loss in the death of Beryl Knox. on September 22, 1938, after a brief illness. She was born in Shawville, Quebec, and her father was a physician whose practice carried him into the country districts in the heart of the Gatineau hills. This strenuous life may have been a factor in his breaking down while his daughter was still a small school girl. From the Gatineau he went to the Adirondacks where he became one of the early patients under Trudeau. During the period of her father's treatment, Beryl went with her mother and two brothers to Boston where she continued her schooling. The family later returned to Canada, and finally settled in Toronto. She graduated from the School of Nursing of the Toronto General Hospital in 1916. Her first year was the last of the old régime, and during her course the hospital was moved from its original site to the present modern plant. She was a member of the class whose probation was directed by Miss Robina Stewart but over whose graduation Miss Jean I. Gunn presided as superintendent of nurses.

After spending some time in private duty, Miss Knox served as special nurse investigator in a field study of infant mortality in Hamilton, conducted in 1917 by the Provincial Department of Health. Later in the same year she was associated with the first Child Welfare Clinic operated in connection with the exhibit of the same Department at the Canadian National Exhibition, Toronto. Dr. Alan Brown and Dr. W. E. Ogden were the clinicians in charge. Dr. Brown was honourary consultant to the Provincial Department. He arranged for the services of the clinicians, however, in his capacity as Consultant to the Division of Child Hygiene of the Department of Public Health of the City of Toronto, an indication of the spirit of co-operation which made the conduct of the clinic possible.

In November of the same year the Provincial Department, through its Bureau of Child Welfare, started a province-wide child welfare campaign. The director and Miss Knox spent the next two years visiting the cities and towns of the Province in this, the first effort of its kind in Ontario, to organize local clinical services for infants and young children. The experience which this work brought was utilized to the full when, in June, 1920, the name of the Bureau was changed to the Division of Maternal and Child Welfare and Public Health Nursing.

The Chief Medical Officer, Dr. J. W. S. McCullough, called a meeting of representatives of official and voluntary health agencies at which the plan of organization for a service of public health nursing in the Provincial Department was discussed. One immediate outcome was the generous offer of the Ontario Branch of the Canadian Red Cross Society to supply nurses in numbers to equal those appointed by the Provincial Department, to assume all financial responsibility for their salary and maintenance, and to turn them over to the Department for direction. The offer was for the period of one year. Thus the Division had at its disposal sixteen nurses—eight appointed to serve in the eight Health Districts into

which the Province was divided, and the group of eight supplied by the Red Cross. These nurses were the first personnel of the Provincial Public Health Nursing Staff. Many were returned nursing sisters, a few had had experience in various health activities. Training for their new duties as generalized public health nurses was essential. No course, however, existed at the time in Toronto and a short course was drawn up, covering a period of six weeks. Arrangements for the personnel of the lecture staff and the content of the curriculum were largely the responsibility of Beryl Knox. Following the course, the nurses had a short vacation and then returned for service at the clinics and exhibits of the Department at the Canadian National Exhibition. In September 1920, they reported in pairs, one nurse from either group, for duty in each of the eight health districts. A further gift from the Red Cross followed, making it possible for the University of Toronto to provide, as a demonstration, a course in public health nursing for the college year, 1920-21. The university subsequently accepted the demonstration as successful and thereafter included public health nursing in the regular courses.

Miss Knox directed the technical work of the Provincial Public Health Nurses from the inception of the service in 1920 until her transfer to the Division of Public Health Education in 1926. During that period, which may be termed the pioneer stage in the development of public health nursing in Ontario, she saw a substantial increase in the number of centres in which local nurses were engaged, by public and by private agencies, to carry on programmes of generalized public health nursing.

One tradition of the Department of Health of Ontario has always been that its personnel should have the opportunity to see how similar work is done in other places and to make personal contacts with the workers in their respective fields. Miss Knox made the best possible use of the occasions thus afforded her, and was acknowledged as one of the best informed executives in the field of public health nursing. She had the happy faculty of being able to pass on to the field staffs, both local and provincial, the results of her newer knowledge. Her visits were warmly welcomed because she brought to that task a sympathetic understanding, a sincere desire to help, and a compelling inspiration. She accepted the challenge which high death rates among mothers and infants presented to the public health nurse, and urged each nurse she met to accept it as well as other challenges such as that of tuberculosis and the health of the school child, which the local community presented.

Her only criterion of success was the extent to which a nurse used initiative and utilized resources to solve problems which a comprehensive study of the local situation showed as significant and possible of improvement. While she possessed an appreciation of the significance of the nurse's contribution to a public health programme, she had also a deep respect for the local committee of men and women interested in the welfare of the community. She worked with many committees in Ontario and realized how important was the public opinion which they created. She designated this support as the contributing factor on many occasions in the inauguration of professional health services and, more important still, in the continuance of such services.

To the medical practitioners participating in various aspects of the public health programme, Beryl Knox gave a traditional loyalty. Her manner in the clinic inspired the confidence of the

mothers and children. She possessed a good working knowledge of nursing techniques, a keen intelligence and an open mind, all of which were essential to a scientific approach to a task such as hers. She did a good job because she treated it as an experiment about which she was willing and anxious to learn more every day. Her success was due to her ability to foster this attitude in the minds of those whom she coached to carry on.

OBITUARIES

MARY LOETTA AMSBURY died in Coburg, Ontario, on December 14 She was a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and a member of the Class of 1896.

MARY SHAW BARROW died suddenly on January 22, 1939, at her home in Quebec City. Miss Barrow was a graduate of the School of Nursing of the Montreal General Hospital and previous to her marriage served for fifteen years as Lady Superintendent of Jeffery Hale's Hospital. Under her able direction, the School of Nursing and the nursing service of the Hospital maintained an excellent reputation and made great progress. Her untimely death is not only a loss to the nursing profession, but also to the many organizations in which she held office and took an active interest.

CHARLOTTE BETHUNE died suddenly on February 5, 1939. Miss Bethune was a graduate of the School of Nursing of Jeffery Hale's Hospital, Quebec City, and a member of the Class of 1913.

SARA CHISHOLM HAMILTON, widow of Dr. T. Oliver Hamilton, recently died suddenly in Edinburgh, Scotland. Mrs. Hamilton was a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and a member of the Class of 1914. During the Great War, Mrs. Hamilton served with the McGill Unit.

MARGARET LAURA LANGILLE, beloved wife of C. Stuart Langille, died on January 20, 1939. Mrs. Langille was a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1906. Subsequently she served as a staff nurse in the Hospital at Fernie, British Columbia, and during the disastrous fire which almost destroyed the town gave heroic service to her patients. Mrs. Langille did most valuable work as president of the Alumnae Association of the Winnipeg General Hospital and was also a keen and interested supporter of other organizations working in the interests of the community at large.

MARY ORR died on December 12, 1938, after a short illness, at the Kitchener-Waterloo Hospital, Kitchener, Ontario.

STUDENT NURSES PAGE

Books and Music

It is a pleasure to welcome to the Student Nurses Page Miss D. Duff and Miss A. Perry, both of whom are members of the Class of 1939 *in the School of Nursing of the Saskatoon City Hospital. Btween them, they have managed to convey something of their own enthusiasm for books and music. We do not forget, either, that for almost seven years now, the Student Nurses Club of the Hospital has steadfastly subscribed to this Journal.*

May we briefly outline a student activity which has proven a profitable and pleasing experiment. About a year ago our Student Nurses Association decided to join a Book Club, with a view to starting a library in our Residence. After investigation ,the Association joined the Book-of-the-Month Club, New York. A committee of three, which by the way, included some of the most enthusiastic supporters of the idea, agreed to choose the books and manage all correspondence with the Club. The bill for each book was settled monthly from student funds. The cost to our Association for a year's membership was about thirty-six dollars. Besides a book each month, we received extra books as dividends.

The arrival of each new book brought lasting enjoyment to a large and varied group of girls. Sometimes the appearance of a new, much-talked of novel delighted us all; again, a biography or autobiography introduced us to new people or gave us fresh ideas about familiar names and personalities. A book of plays, Bartlett's collection of familiar quotations, and a book of short stories added variety. Among the most popular of our collection we find "The Horse and Buggy Doctor" by Arthur Hertzler; "The Citadel" by A. J. Cronin; "Gone With the Wind" by Margaret Mitchell; "Madame Curie" by her daughter, Eve Curie; and "With Malice Towards Some" written by Margaret Halsey.

Our club now owns twenty-three books, which are always available in our Lounge Room, but which must be enjoyed there and not removed to the bedrooms, thus giving everyone an opportunity to read them. We need not purchase our book through the Club every month, but may occasionally buy some other book which we feel a number of the girls wish to read, thus widening our selection.

In thinking forward to the classes of student nurses who we hope will enjoy the library which we have just begun, we feel that our idea of a book club is indeed worthwhile. The complaint is often heard that nurses know little of current events and cannot talk intelligently on general topics, when unrelated to the nursing profession. A Book-

of-the-Month Club should do much to overcome that tendency, and help correct an impression which is so common among the laity. We hope that by passing along our experience in such a club, other nursing schools may find it possible to try out our idea. It's been fun!

Another phase of our Outside Educational Programme consists of the Conservatory Concerts. These are a group of four concerts given by famous musical artists, in October, November, January and March respectively. They are sponsored by the Conservatory Club of Saskatoon and the Student Nurses Club has received seventeen season tickets for these concerts, and each month the names of the students are drawn from a hat to see who will be the lucky ones to go.

Last year two thrilling concerts were given by Albert Spaulding, violinist, and Roland Hayes, tenor. Mr. Spaulding is an American and is acclaimed as America's greatest violinist, and to make him seem really human, writes detective stories. Roland Hayes is a Negro tenor whose mother was born in slavery. His voice possesses all the richness of the singers of his race plus something special of his own. The other two concerts last year were given by Muriel Kerr, pianist, and Marjorie Lawrence, soprano.

This year we have heard John Charles Thomas, baritone and Mischa Levitski, pianist. Mr. Thomas gave us a grand concert, ending with a lullaby which would have lulled our most wide-awake patients to sleep. It is interesting to note that in his youth he wavered between the profesisons of music and medicine. Mr. Levitski, a Russian, played several of his own compositions which we enjoyed very much.

After reading of this past parade of enjoyment, don't you wish you were eagerly looking forward, with us, to the other two concerts yet to come this year?

ONTARIO PUBLIC HEALTH NURSING SERVICE

Miss A. Gladys Nicolle has been appointed Supervisor of Public Health Nursing in the Department of Health, St. Catharines, Ontario. This is a newly-created post and Miss Nicolle comes to it with fine preparation and a variety of experience. She graduated from the Presbyterian Hospital School of Nursing, Philadelphia, and after work in the institutional field took a course in public health nursing at the School for Graduate Nurses, McGill University. Miss Nicolle's public health nursing experience has included visiting nursing and health service in a Progressive School. Continuing her studies, she received the B.Sc. degree from Teachers College, Columbia University, in 1938.

Miss Essie Kain, a graduate of the School of Nursing of the Toronto Western Hospital, and of the School of Nursing of the University of Toronto Public Health Nursing course, has been appointed by the Board of Health, Owen Sound, to succeed Mrs. Edith Young, formerly Mrs. Frost.

Miss Christine MacDougall, a graduate of the School of Nursing of the Hotel Dieu, Cornwall, and of the School of Nursing of the University of Toronto Public Health Nursing course, has resigned her position with the Cornwall Board of Health to join the staff of the Victorian Order of Nurses. *Miss Glenna French*, formerly school nurse in the Separate Schools, Pembroke, has succeeded Miss MacDougall. Miss French is a graduate of the School of Nursing of the Pembroke General Hospital, 1929, and of the Department of Education summer course in school nursing, 1934.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

Exchange of Nurses

Early this year the Exchange of Nurses Committee of the Canadian Nurses Association completed arrangements with the New Zealand Registered Nurses Association for a member of that organization to enter into a plan for an exchange with a member of the Canadian Nurses Association. As a result the first exchange of nurses between Canada and New Zealand goes into effect this month.

Miss Dorothea Shields, a member of the staff of the Metropolitan Health Committee of Vancouver, British Columbia, is to spend a year in public health nursing in New Zealand and Miss G. F. Uniacke, District Nurse at Morrinsville, North Island, New Zealand, will spend a year as a member of the staff of the Metropolitan Health Committee, Vancouver.

The general plan under which the arrangements of this exchange were completed includes, in addition to the time limit being one year, that both nurses remain on the pay-roll of their own School Board or controlling authority; that each nurse be responsible for her own travelling expenses, and that the exchange take place at a date suitable to the two School Boards or employers.

To become eligible for an exchange, members of the Canadian Nurses Association must be graduates of first-class schools of nursing, each applicant occupying a permanent position and her employer willing to accept in exchange a nurse from another country. Assurance of such eligibility is essential before the Exchange of Nurses Committee can begin negotiations on behalf of a nurse who may wish to benefit by the exchange plan.

Also on January 30th, Miss Ruby E. Cronk, public health nurse of Stratford, Ontario, commenced a month of observation work which is to be spent in London and in a county borough in the provinces. At the request of the Exchange of Nurses Committee, Miss Cronk's itinerary was arranged for her by Miss Hester Parsons, Director in the Education Department, The College of Nursing, London, England. Since this special Committee of the Canadian Nurses Association was first organized, Miss Parsons has given the Committee every assistance and each year has planned programmes for observation work for Canadian nurses—the period of observation varying from one to six months.

C.N.A. Scholarship Student

In a recent letter to the Executive Secretary, Miss Bianca Beyer, the C.N.A. International Scholarship student for 1938-1939, announces that she has had the privilege of being presented to Her Majesty, Queen Elizabeth. This delightful experience occurred while Miss Beyer was the guest at tea of Lady Frances Ryder. On that occasion Lady Frances was hostess to the students from the Dominions. Miss Beyer writes of Her Majesty "She was very friendly and charming. We were all greatly impressed by her interest and kindliness." Miss Beyer states that it is

impossible to find words to express how much she is enjoying the year in London and the course of studies. She refers with regret to Miss Dorsey's departure as Warden at International House and mentions that they were looking forward to meeting the new Warden, Miss Warrington.

Membership

It has become customary in these *Notes* for the March issue to refer to the total number of members in the Canadian Nurses Association. That total represents the combined membership of the nine provincial associations of registered nurses and now amounts to 14,800 members. While this number indicates a smaller increase than for several preceding years, the efforts to enrol members were remarkably successful in a number of provinces. During 1938, the increase in the Manitoba Association of Registered Nurses amounted to 20 percent; in the Registered Nurses Association of New Brunswick, to 18 percent and in the Registered Nurses Association of Ontario, to 14 percent.

In Manitoba they are making plans for the observation of the twenty-fifth Anniversary of the M.A.R.N. and have made their objective in membership "2000 members before the end of the year." A well organized membership drive is already producing satisfactory results which portend the achievement of the objective in membership.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

ALBERTA:	
A. A., Lamont Public Hospital, Lamont	$10.00
BRITISH COLUMBIA:	
Graduate Nurses Association, Nanaimo	10.00
Health Unit, Matsqui-Sumas-Abbotsford	2.00
Miss McVicar, Vernon	5.00
NOVA SCOTIA:	
A. A., Glace Bay General Hospital, Glace Bay	5.00
Cumberland County Branch, R.N.A.N.S.	10.00
Valley Branch, R.N.A.N.S.	5.00
ONTARIO:	
Graduate Nurse Staff, Mercy Hospital, Toronto	2.00
Student Nurses, Brantford General Hospital, Brantford	5.00

The A.R.N.P.Q. Breaks the Record

Not even a howling blizzard and streets piled high with snow can daunt the high spirits of the Association of Registered Nurses of the Province of Quebec when in convention assembled. At the annual meeting held on January 30 and 31, attendance reached a peak of over a thousand, and new records were established in membership and in national enrolment. Best of all, an atmosphere of friendly understanding and mutual respect prevailed which demonstrated the essential solidarity which underlies all superficial differences.

An excellent precedent was established this year—religious services, meeting the special needs of the various groups, were held in three Montreal churches. There can be no doubt that this opportunity for taking thought concerning the things of the spirit was much appreciated. The sermon at Christ Church Cathedral was preached by Dean Carlisle and displayed a keen insight into the spiritual aspects of nursing. The anthem, sung without accompaniment and with great simplicity and beauty, was based on a prayer of St. Augustine strikingly appropriate to the occasion. The service at the Church of the Ascension was equally impressive. At L'Eglise Gésu an eloquent sermon was delivered by the Reverend Father Belanger and the Nurses' Choir, of a hundred and fifty voices, of L'Association Catholique des Infirmières Canadiennes, sang the special hymns very beautifully.

At the first general session, Miss Margaret Moag, in the course of her presidential address, gave an interesting outline of the principal activities of the Association during the past year and referred to the tercentenary celebration of the arrival of Jeanne Mance which will take place in 1942, and to the possibility that the Biennial Meeting of the Canadian Nurses Association may be held in Montreal at that time. The report of the honourary treasurer was given by Miss Catherine M. Ferguson and demonstrated that the finances of the Association are in a flourishing condition.

Excellent reports of the various Sections were presented as follows: by Miss Martha Batson for the English-speaking group of the Nursing Education Section, and by Sister Valérie de la Sagesse on behalf of the French-speaking group; by Miss Ann Peverley for the English-speaking group of the Public Health Section, and by Miss Emma Rocque on behalf of the French-speaking group. Miss Lucienne Daoust gave an interesting report of the work of the French-speaking group of the Private Duty Section.

The report of the Board of Examiners was presented by the convener, Miss Olga V. Lilly. Only those who have experienced similar responsibility realize how heavy is the task assigned to the nurses who serve in this capacity. It was noted with satisfaction that the percentage of failures has decreased from 20 percent in 1937 to 15 percent in 1938.

The activities of the committee appointed by the Association to promote the circulation of *The Canadian Nurse* were reported upon by the joint conveners, Miss Katharine MacLennan and Mademoiselle Annonciade Martineau. The results achieved by this committee have been so outstanding that its activities are described in greater detail elsewhere in this *Journal*.

The highlights of the comprehensive report presented by Miss E. Frances

Upton in her capacity as executive secretary and registrar may be summarized as follows:

1. The total active membership in good standing is 3870, an increase of 170 over the previous year. While full information is not available it is known that of this total 1590 are engaged in institutional work; 1307 in private practice; 535 in public health and visiting nursing services.

2. A substantial increase was shown in National Enrolment for Emergency Service, and 538 nurses are now available if they are required.

3. The Religious Sisters of the Hôtel-Dieu in the city of Quebec announce that a celebration of the tercentenary of this historic institution will be held during the coming summer.

In her capacity as school visitor, Miss Upton presented an excellent report which showed steady progress all along the line. Marked improvement is seen in health services, library facilities and staff education in the Schools of Nursing of the Province of Quebec.

The sessions of the French-speaking group provided an opportunity of listening to addresses of a high calibre. The Hon. Athanase David delighted his audience with an eloquent discourse entitled, "Au Service de la Bonté". Dr. J. A. Jarry spoke on the provincial campaign against tuberculosis and Mr. J. H. Roy dealt with the relationships between the nurse and the hospital. Miss Ruth Robertson gave a vivid picture of social service in practice and Mademoiselle Charlotte Tassé gave a most inspiring address on the potentialities of the French nursing journal *La Garde-Malade Canadienne Française.*

Tuberculosis was the general topic around which the programme centered at the English-speaking sessions. Dr. Hugh E. Burke and Dr. Frank Pedley started the ball rolling at the first evening session by giving most informative illustrated lectures on its control and prevention and upon the rôle of the nurse in industry. The next afternoon, a compact and stimulating symposium on the nursing aspects of the problem was much enjoyed by a large audience. Those who took part were the Misses Agnes Tennant, of the Montreal General Hospital who led the discussion; Ethel Cooke, of the Child Welfare Association; Kathleen Dickson, of the Royal Edward Institute; Esther Robertson, of the Victorian Order of Nurses; Esther Lewis, of the Montreal General Hospital, and Agnes Mary Pae, of the Laurentian Sanatorium, Ste. Agathe des Monts.

The election of officers resulted as follows: President, Miss Margaret L. Moag; English vice-president, Miss Mabel K. Holt; French vice-president, Sister Valérie de la Sagesse; honourary secretary, Miss Suzanne Giroux; honourary treasurer, Miss Catherine M. Ferguson; members of the Executive Committee (without office): Misses Fanny Munroe, Eileen C. Flanagan, Alice Albert, Maria Roy, Juliette Trudel.

At the concluding English session a number of interesting films were displayed and the proceedings were enlivened by delightful musical selections rendered by the Students Orchestra of St. Mary's Hospital. An informal reception afforded an opportunity for all members to enjoy a social hour together and brought to a close the most successful meeting the Association has ever held.

WELL MERITED HONOURS

Under the auspices of the Nemours Foundation, an institution for the treatment and care of crippled children is now being built in Wilmington, Delaware. This Hospital, which is to be the last word in modern efficiency, will have as its first superintendent, Marie L. Des Barres, who for the past eight years has been assistant superintendent in the Shriners' Hospital for Crippled Children in Montreal. Miss Des Barres is a graduate of the School of Nursing of the Montreal General Hospital and after holding various staff positions took the course in administration offered by the McGill University School for Graduate Nurses. She then became a member of the nursing staff of the Laurentian Sanatorium, resigning in order to accept the position at the Shriners' Hospital in which she did such excellent work.

As a mark of their appreciation, the Board of Governors and the staff of the Shriners' Hospital entertained in her honour and presented her with a beautiful tea set and tray, suitably engraved. On behalf of the staff, Miss Margaret E. Orr, superintendent of the Hospital, asked Miss Des Barres to accept a handsome sterling silver toilet set. Upon another occasion, the chief surgeon of the Hospital, Dr. W. G. Turner, and Miss Margaret E. Orr also entertained in her honour.

M. A. R. N. PLANS ANNUAL MEETING

Spring is coming—and so are the annual meetings of several of the provincial Associations of Registered Nurses. Manitoba has already lined up a tentative programme which is a credit to the president, Miss E. McDowell, the secretary, Miss Gertrude Hall, and the committee who worked with them. It was gratifying to hear that in Manitoba they think that the *Journal* can lend a helping hand—"the results obtained through the advance publicity given our Annual Meeting in the *Journal* last year were so gratifying that we hope to stimulate a similar enthusiasm this year by this means".

In reading the programme over, one very healthy trend appears. Standing committees will report from organized nursing groups in Brandon, Dauphin, The Pas, Flin Flon, and Portage la Prairie. The participation of the Province at large is thus assured and makes the meeting more truly representative of its constituency. The Association will be fortunate in having as its guest, Miss

Katherine Densford, Director of the School of Nursing of the University of Minnesota. Miss Densford holds a high place among the leaders in nursing education in the United States and is a speaker of charm and distinction.

At the time of writing, the programme is naturally open to change but has been outlined tentatively as follows:

Friday, April 14

Morning Session:

Registration.

Invocation, by the Rev. H. A. Frame.

Address of Welcome: Mrs. R. F. McWilliams.

Response: Miss Jean Houston.

Report of Executive Secretary and Registrar.

Report of Survey of Schools of Nursing.

Address, by Miss E. McDowell, President of the Manitoba Association of Registered Nurses.

Reports of standing Committees.

Afternoon Session:

The Cardiac Patient, by the Rev. Sister Evangelista, St. Joseph's Hospital.

Medications used in cardiac diseases: Miss Ann Christie, senior student, School of Nursing, Neepawa General Hospital.

Bedside clinic: Miss M. Martinovsky, B.Sc., instructress of nurses, School of Nursing, The Children's Hospital.

Education, today and tomorrow: Professor H. Lowe.

Evening Session:

This session will take the form of a banquet at which the guest speaker will be Miss Katherine Densford, Director, the School of Nursing of the University of Minnesota.

Saturday, April 15

Morning Session:

Reports of special Committees.

Illustrated lecture on skin diseases: Dr. A. M. Davidson.

Improvisations demonstrated by the Victorian Order of Nurses, the Margaret Scott Mission, and the Metropolitan Nurses.

A luncheon meeting has been arranged at which there will be a discussion of nursing problems, led by Miss Densford.

Afternoon Session:

Demonstration of Pavex treatment for circulatory diseases: Miss M. Herman.

Demonstration of the Elliott machine in the treatment of gynaecological diseases: Miss E. Honey.

Demonstration of pediatric and orthopedic nursing procedures: Miss K. McLearn and Miss M. Martinovsky.

Demonstration of indirect method of blood transfusion: Miss E. Morcombe.

Illustrated lecture: "Leaders in the nursing profession, past and present."

Election of Officers.

Report of Resolutions Committee.

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

The Annual Meeting of the Registered Nurses Association of British Columbia will be held Friday and Saturday, April 14 and 15, at the Hotel Georgia, Vancouver.

Vancouver Graduate Nurses Association:

The annual dinner of the Vancouver Graduate Nurses Association took place recently with a large attendance. Following the dinner the annual meeting was held, with the president, Miss Mabel F. Gray, in the chair. Reports were read and new officers for the coming year introduced. The speaker of the evening was Mrs. Rex Eaton, chairman of the Industrial Relations Board appointed by the Provincial Government. Her subject was the eight-hour day, and dealt with several aspects of this question as it affects hospitals and nurses, pointing out the difference between a compulsory and a voluntary regulations. She urged nurses to study the question seriously.

Vancouver General Hospital:

The annual banquet of the Alumnae Association, held in honour of the graduating class, drew a large assembly of graduates of the Vancouver General Hospital. A programme of amusing skits, prepared by members of the Association and interspersed with community singing, was greatly appreciated. An interesting short talk was given by Miss Marshall of New Zealand, who has been at the Vancouver General Hospital for the past year, under the auspices of the Exchange of Nurses Committee of the Canadian Nurses Association. Miss Dorothy Shields of the staff of the Metropolitan Health Committee in Vancouver, has recently been granted a similar exchange to Hamilton, New Zealand.

NELSON:

At a recent meeting of the Nelson Registered Nurses Association, the enrolment of nurses for emergency service was discussed and an effort made to stimulate interest. The reference made to the possibility of local disaster seemed to have a strong appeal. Sixteen nurses became volunteers at the meeting. The library committee has been active and the nurses are contributing a small amount per person toward the library fund which permits the purchase of one more book per month. A valuable contribution to the library was made by a year's subscription to the Literary Guild, which assures at least three books per month.

The Association was honoured by a visit from Miss Helen Randal, Provincial Registrar, who spoke on some of the recent developments in nursing, including insurances for nurses, the eight-hour day, districts and chapters, and general nursing problems.

Married: Recently, Miss Ruth Bond (St. Eugene Hospital, Cranbrook) to Mr. J. H. McLean.

Married: Recently, Miss Sybil Keeler (Royal Jubilee Hospital, Victoria) to Mr. Leonard Gustafson.

Married: Recently, Miss Marie Naylor (St. Eugene Hospital, Cranbrook) to Mr. James Cumming Forbes, Jr.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association recently held a meeting with thirty members present. Following the business session, Mrs. Pierce introduced the speaker, Dr. M. Matheson, who explained the care and treatment of fractures and also the uses of casts. A social hour concluded the evening.

BRANDON:

The Brandon Graduate Nurses Association recently held its regular meeting at the Brandon General Hospital. There were fifty present and the married ladies were in charge. Dr. Evans gave an interesting and helpful address on the treatment of burns.

A short business session followed, conducted by Miss V. Vance.

A social hour concluded the evening.

WINNIPEG:

During the past few months the Committee on Instruction of the Manitoba Association of Registered Nurses has launched on a new educational project. The services of two eminent educationists, Professor Low of the University of Manitoba and Dr. McIntosh of the Provincial Normal School have been secured and a series of lectures on psychological principles of learning and methods of teaching has been initiated. The average attendance of twenty members, including representatives of schools outside the city of Winnipeg, indicates the keen interest and enthusiasm of the instructors in this venture.

The following items were discussed at the January meeting of the private duty nurses: (a) problems sent by the national chairman were discussed also if the fee should differ between older and younger graduates; (b) local problems included a discussion as to whether married nurses should special, also a discussion on practical nurses was led by Miss P. Brownell. A representative of Group Hospitalization Committee spoke and an educational programme was discussed.

Winnipeg General Hospital:

The meetings of the Alumnae Association are well attended, and an active interest is taken in school projects. Staff conferences have been an interesting feature of the fall and winter activities. Instead of meeting en masse as heretofore, members of the staff meet separately, monthly, in two groups. One group comprises those interested especially in medical nursing; the other, those whose activities are in the surgical field. The surgical group meets under the direction of Miss Elva Honey of the gynaecological department, whilst the medical group convenes under the direction of Miss Frances Anderson of the medical serivce. Many profitable conferences have been held, the first half of each being devoted to administrative problems, and the second to ward teaching problems. The subjects under discussion have been: making morning conference more effective; survey of the total linen costs in the Hospital; survey of the total dispensary costs in the Hospital; the better utilization of the clinical field; case studies; patient assignment method vs. the efficiency method; modern supervision. Members of each group are assigned the preparation of papers for discussion and this has stimulated an active interest in professional journals and other current nursing literature.

Joint conferences are held bi-monthly. The teaching faculty attends all conferences, participating in discussion and giving reports of curriculum progress. This has resulted in closer co-operation between those teaching in the classroom and those administering in the clinical field. These joint conferences are convened by Miss Catherine Lynch, superintendent of nurses, a special speaker being invited to address the staff. Professor H. R. Low, of the University Faculty, gave an interesting talk on psychological implications of modern living; Mr. J hn Clay, of the Free Press editorial staff chose as his subject "So you want to be an author".

Graduates of the School who are now attending the School for Graduate Nurses of McGill University are Miss Lillian Pettigrew and Miss Eva Hamilton.

Miss Emily Groenewald (late of the Guelph General Hospital School of Nursing) is teaching the nursing arts.

NEW BRUNSWICK

SAINT JOHN:

The annual meeting of the Saint John Chapter of the New Brunswick Association of Registered Nurses was held recently at the Saint John General Hospital. The reports of the conveners showed favourable progress. The election of officers resulted as follows: President, Miss Margaret Murdock; first vice-president, Miss L. Gregory; second vice-president, Miss L. Henderson; secretary, Miss Louise Bartsch; assistant secretary, Miss Helen Wry; treasurer, Miss Lilian Wilson; Conveners: Public Health, Miss M. Wallace; Nursing Education, Miss F. Coleman; Sick Nurses Benefit, Miss E. Mitchell; *The Canadian Nurse*, Miss Helen Cahill; Private Duty, Miss Frances Munro; Programme, Miss Lois Smith; Registry: Miss I. Hartley, Private Duty; Miss Reta Wilson, Education; Miss M. Wallace, Public Health.

At the close of the meeting, a social hour was much enjoyed.

ST. STEPHEN:

The annual election of officers for the St. Stephen Local Chapter, N.B.A.R.N., resulted as follows: President, Miss C. M. Boyd; vice-president, Miss A. Leland; treasurer, Miss J. Murray; secretary, Miss M. Dunbar; *representative to The Canadian Nurse*, Miss G. Hughes; refreshment committee, Mrs. Herman Lawrence, Miss Irene Sherrard; entertainment committee, Miss A. Spinney, Miss J. Sinclair.

At the January meeting Miss Jessie Murray, Victorian Order of Nurses, gave a most interesting report of the Refresher Course held in Saint John. At a recent meeting, Dr. P. M. Clark lectured on diseases of the mouth.

Miss Aldana Leland has accepted a position on the staff of the Chipman Memorial Hospital in the X-ray Department.

Married: Recently, Miss Della McClary (C.M.H.) to Mr. George Clayland.

Married: Recently, Miss Laura McLean (C.M.H.) to Mr. Dudley Maffat.

NOVA SCOTIA

SYDNEY:

Miss Hazel Macdonald of Sydney, who was recently appointed supervisor of the Public Health Nursing Staff of the Cape Breton Island Health Unit, has been granted

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'DETTOL' owes its ever-increasing use to the fact that it is non-poisonous, gentle to human tissue and combines high germicidal efficiency with cleanliness and pleasantness.

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a leave of absence by the Nova Scotia Department of Health. Miss Macdonald has left to spend the next six months studying in Toronto and in the United States under provisions of a fellowship of the Rockefeller Foundation. A graduate of the Royal Victoria Hospital, Montreal, Miss Macdonald spent six months doing post-graduate work at the Johns Hopkins Hospital, Baltimore, and later graduated in Public Health Nursing from the School for Graduate Nurses, McGill University, Montreal. Since that time, she has been doing splendid work in the public health field of her native province.

HALIFAX:

Victoria General Hospital:

Mrs. Alfreda Archard McQuade has been appointed supervisor of the public operating room.

Children's Hospital:

Miss Carroll Cockell has been appointed second assistant superintendent of the Children's Hospital. Miss Cockell is a graduate of the Royal Jubilee Hospital, Victoria, B. C., and came to Halifax from the Children's Memorial Hospital in Montreal, where she held a senior supervisory post for over two years.

Miss Helen Sinclair has been appointed to the position of operating room supervisor of the Hospital. She is a graduate of the Belgrave Hospital for Children, London, England, and has held senior operating room posts in children's hospitals in London.

Miss Anne Smith, a graduate of the Recreational Training School of Chicago, Northwestern University, has been appointed by the Board of Directors of the Children's Hospital Halifax, to organize a play Therapy Department.

Mrs. Elizabeth Roy has been appointed school teacher and play director of the Children's Hospital, Halifax. Mrs. Roy is a graduate of the Toronto Normal School and has had a number of years experience in kindergarten work in the public schools of Toronto.

ONTARIO

DISTRICTS 2 AND 3

WOODSTOCK:

Married: Recently, Miss Helen Kennedy (Woodstock General Hospital) to Mr. James Wilson.

Married: Recently, Miss Emma Pratten (Woodstock General Hospital) to Mr. Harold Woods.

Married: Recently, Miss Marie MacPherson (Woodstock General Hospital) to Mr. James S. Wilson.

Districts 2 and 3

Kitchener:

The Alumnae Association of the School of Nursing of the Kitchener and Waterloo General Hospital has recently elected the following officers: Honourary president, Miss K. W. Scott; president, Miss C. Mulholland; first vice-president, Mrs. J. Collins; second vice-president, Miss B. Woinowsky; secretary, Miss A. Lambert; assistant secretary, Miss M. Gateman; treasurer, Miss E. Gilmour; assistant treasurer, Miss D. Allcock; representative to *The Canadian Nurse*, Miss B. Gordon.

District 4

Hamilton:

One of the most delightful and largely-attended affairs ever sponsored by the Hamilton members of District 4, R.N.A.O., was the recent bridge-party and dance at the Royal Connaught Hotel. The committee responsible for the success of the bridge included Misses Boyd, Buckbee, Galloway, Sheridan and Tilling with Mrs. Elizabeth Turner as convener. Arrangements for the dance were made by another committee convened by Miss Cahill and Miss E. Cocker. The guests were received by Miss Isabel MacIntosh, Miss Constance Brewster and members of the committees. The receipts from this very successful event will go toward the Nursing Education Fund of the Association.

The Hamilton Group of the Public Health Section of District 4, R.N.A.O., recently held their annual dinner meeting. Dr. Mary Stewart, recently returned from England and now at the Mountain Sanatorium, told of some of her experiences and impressions while serving on the medical staff of York Infirmary. The election of officers for the ensuing year resulted as follows: Chairman, Miss Edna Bell; vice-chairman, Miss McIlquholm; secretary, Miss Craue; treasurer, Miss Telu; convener of programme committee, Miss Alice Moffatt.

Hamilton:

The new maternity wing of the Mount Hamilton Hospital was recently opened to patients. Appointments to the nursing staff of the Hospital include: superintendent of nurses, Miss A. Schiefele (H.G.H.) formerly of the Royal Victoria Hospital, Barrie; night supervisor, Miss A. T. Thomson (H.G.H.) formerly supervisor of the Southam Maternity Building, H.G.H.; assistant night supervisor, Miss T. Vanee (H.G.H.). Other appointments were: Miss M. Stunock (H.G.H.); Miss M. Watson (H.G.H.); Miss E. Menzies (H.G.H.); Miss Agnes Scott (H.G.H.); Miss Teasbie (T.G.H.); Miss Jack (H.G.H.); Miss Philp (H.G.H.).

Hamilton General Hospital:

Miss Beth Law (H.G.H.) has been appointed night supervisor of the operating rooms of the Hamilton General Hospital.

Miss Ellen Ewart (H.G.H.) has been appointed assistant superintendent of nurses at the Mountain Sanatorium.

Miss Christine Smallshaw, B.A. (H.G.H., 1938) has accepted the position of instructress of nurses at the General Hospital, Guelph, Ontario.

Married: In November, 1938, Miss Mabel Breckon (H.G.H., 1924) to Mr. Kenneth Cameron.

THE COTTAGE HOSPITAL, WESTON, ONT.

The equipment and business of this firmly established and well-equipped eight-bed private Cottage Hospital is for sale. A lease of the building can be obtained at a reasonable rental. Situated in a town of 7000 inhabitants, the service is two-thirds obstetrical; the remainder medical and minor surgery. Seven practising physicians. Room for additional beds if desired.

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District 5

Toronto:

"We review the work of District Five for the year of 1938 with a deeper conviction of our responsibilities to the larger nurses' organizations, and of the development and growth within our own group. We are also impressed with the assistance and support which this district should give to the smaller districts of this province. Our opportunities increase our obligations and again we wish to stress the privilege of service which is ours and to enlist the careful consideration of each nurse for service within our official organization", said Miss Irene Weirs, in the opening paragraph of her presidential report to over two hundred members of District Five, Registered Nurses Association of Ontario, who met for the annual meeting on February 3 at St. Michael's Hospital, Toronto. Among the highlights referred to in this interesting report were the honours which have come to the nursing profession within the past year. Miss Weirs expressed the deep appreciation of the members of District Five of the excellence of Miss Jean I. Gunn's contribution to nursing and their joy in the honour which the University of Toronto recently conferred upon her, and also of the generous endowment made by the Rockefeller Foundation to the School of Nursing of the University of Toronto. The reports of sections and of the various committees showed good progress and reflected much credit for the able manner in which the members have carried out their duties. There was a total membership in 1938 of 1,064, an increase over the previous year of 158.

A demonstration of the care and arrangement of flowers was given by Mrs. Percy Waters, as guest speaker. The lovely roses, carnations and gay variety of spring flowers so beautifully arranged, added much to the pleasure of the evening and continue, through intelligent application of their lesson, to bring immeasurable happiness. A vote of thanks to Mrs. Waters was given by Sister St. Albert.

The officers elected for the coming year are: Chairman, Miss Laura Gamble; vice-chairman, Miss Frances Matthews; secretary-treasurer, Miss Kathleen McNamara; conveners: private duty, Miss W. Hendricks; nurse education, Miss Hilda Bennett; public health, Miss Laura Webb; councillors: Miss Florence Breedon, Miss Evelyn Graham, Miss Agnes Neill, Miss A. Bell, Miss Edna Moore, Miss M. Wheeler. In accepting the chair, following the report of election results, the newly-elected chairman, Miss Laura Gamble, on behalf of the members, expressed appreciation of the whole-hearted and excellent service rendered by the retiring chairman, Miss Irene Weirs.

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School of Nursing,

University of Toronto:

The annual meeting of the Alumnae Association of the School of Nursing of the University of Toronto took place recently. The year closed with an active membership of 311 which is 42 percent of the potential membership. The Alumnae News was issued twice during the year and sent to over 800 graduates, many of whom live in other countries. At the dinner in the spring, members of the three graduating classes were guests of the Alumnae. A tea was given in October in honour of the incoming students. Speakers during the year were Dr. Harvey Agnew on "Should Women Save Money"; Dr. Horwood on "Music Appreciation" and Miss Margaret Lawrence on "Twentieth Century Women". The Constitution was revised to include associate membership, and the formation of Chapters. A fund of $240 was raised for the use of undergraduates in the School. The Special Fund Committee reported $1245.11 had been received during the past two years.

The Director, Miss E. Kathleen Russell, spoke of the activities and plans for the School, and the Association rejoiced with her over the recent gift from the Rockefeller Foundation.

The following constitute the 1939 executive: Honourary president, Miss E. Kathleen Russell; honourary vice-president, Miss Florence H. Emory; president, Mrs. W. George Hanna; first vice-president, Mrs. M. Wallace McCutcheon; second vice-president, Miss Mary C. Macfarland; secretary, Miss M. Tresidder; treasurer, Miss H. Linton; councillors: Misses E. Fraser, J. Leask, M. Winter, H. Carpenter, C. Watson, H. Bennett; conveners of committees: programme, Miss J. Wilson; social, Miss E. Van Lane; membership, Miss E. Greenwood; special fund, Miss L. Gamble.

District 6

BELLEVILLE:

The annual meeting of Chapter A, District 6, R.N.A.O., was held recently in the Nurses Residence of the Belleville General Hospital. The officers elected for the year are: chairman, Miss L. Bertram; vice-chairman, Miss B. Beaumont; secretary-treasurer, Miss M. Bonter. Miss Bertram gave an interesting paper on sulphanilamide.

LINDSAY:

The regular meeting of Chapter C, District 6, R.N.A.O., was held recently in the Nurses Residence of the Ross Memorial Hospital, with Miss Vickers in the chair.

The speaker of the evening, Dr. Carscadden chose, as his subject, "You" which proved a most interesting and thought-provoking topic, embracing psychology, current events and individual responsibilities. At the close of the meeting everyone enjoyed a social hour.

District 7

Kingston:

The annual meeting of District 7, R.N.A.O., was held at the Kingston General Hospital on January 9 with eighty members present. Attractive posters reminded the members of their R.N.A.O. fees for 1939, and of their duties toward *The Canadian Nurse*. Miss Margaret Robbie, secretary of the Y.W.C.A. in Kingston, gave a most interesting talk on her trip to Australia. The members were guests of the nursing staff of the Kingston General Hospital at the tea hour.

Kingston General Hospital:

The annual meeting of the Alumnae Association of the School of Nursing of the Kingston General Hospital was held on January 10. The members of the Association are knitting and sewing for the needy children in the children's department of the Kingston General Hospital. The Association recently held a successful supper bridge. The members are selling tickets on a cedar chest and contents. The lucky ticket will be drawn on May 12 at a bridge in the Nurses Residence. The revenue derived from these activities will be used to furnish a study room for students in the residence.

Married: On January 11, 1939, Miss Anita Iva Finnigan to Mr. Alvin H. Ross.

District 8

Ottawa:

A general meeting of District 8, R.N.A.O., sponsored by the Private Duty Group, was held in Ottawa on January 18. Dr. Janet Lang of the Canadian Welfare Council addressed the meeting, taking as her subject, family health in relation to social welfare.

Miss Mary Thompson, Miss Ina Wood, Miss Mary Lou Luton, of the Ottawa Civic Hospital Staff; Miss Mollie Black, of the

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To take place on May 17, 18 and 19, 1939, at Halifax, Yarmouth, Amherst, Sydney and Antigonish. Requests for application forms should be made at once, and forms MUST BE returned to the Registrar by April 17, 1939, together with: (1) Birth Certificate; (2) Provincial Grade XI Certificate; (3) Diploma of School of Nursing; (4) Fee of Ten Dollars.

No undergraduate may write unless she has passed successfully all final School of Nursing examinations, and is within six weeks of completion of her course of nursing.

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WINNIPEG, MAN.

staff of the Metropolitan Life Insurance Company; and Miss Mary C. Ferguson, of the Victorian Order of Nurses, attended the Refresher Course on obstetrics recently held under the auspices of the School of Nursing in the University of Toronto.

Ottawa Civic Hospital:

Mrs. L. A. Caldwell (O.C.H., 1931) entertained the nurses of the Ottawa Civic Hospital to tea following the Health Institute in Cornwall on Thursday, January 26.

Miss Bessie Jackson (O.C.H., 1935) has been appointed to the staff of the Ottawa Civic Hospital.

Miss Mary Steen (O.C.H., 1935) has been appointed to the Operating Room Staff, Ottawa Civic Hospital.

QUEBEC

MONTREAL:

Miss Alma G. Haupt, Director of the Nursing Service of the Metropolitan Life Insurance Company, New York City, recently spent a few days in Montreal, conducting a discussion group on "Supervision" for the Metropolitan Supervisors and Head Nurses of Montreal and Quebec. Miss Alice Ahern, assistant superintendent of nursing, Metropolitan Life Insurance Company, Ottawa, was present at this Institute.

The Association of Metropolitan Nurses of Montreal received in honour of Miss Haupt and Miss Ahern at a buffet supper. During the evening, Miss Ahern showed coloured pictures of her trip through Europe during the past summer and the Maritime Provinces in the late Fall.

MONTREAL UNIT:

The annual meeting of the Montreal Unit of the Overseas Nursing Sisters Association of Canada was held recently with the president, Mrs. Toller, presiding. Interesting reports were given by the president on the year's activities and by Miss Watling on the Biennial Meeting. The following officers were elected for 1939: President, Mrs. J. A. Toller; vice-president, Miss C. N. Watling; secretary, Mrs. H. A. Paice; treasurer, Miss G. Harrison; executive committee: Mrs. S. Ramsey, representative to Last Post Fund; Mrs. A. D. McMurtry, convener, Sick Visiting Committee; Miss A. St. Onge, Miss L. E. Connerty, Miss B. Forge. On Remembrance Day about 35 Sisters attended the ceremonies at the

Cenotaph. There were about 70 present at the annual dinner, several of whom were from out of town. The toast to absent friends was proposed by Miss Harrison and the Silent Toast by Miss Enright. A short business meeting was held, at which the vote was unanimous in favour of the Unit joining the Canadian Legion.

Montreal General Hospital:

The annual meeting of the Alumnae Association of the School of Nursing of the Montreal General Hospital was held recently with an excellent attendance. In her presidential address, Miss Mary Mathewson recalled the principal events of a very active year and reminded the members that in 1940 the fiftieth anniversary of the School will be celebrated with appropriate ceremony. The recording secretary, Miss Ann Peverley, gave an interesting summary of the principal activities of the Association.

Royal Victoria Hospital:

The Superintendent of Nurses and members of the nursing staff entertained recently at a delightful dance. The guests were received by Miss Munroe, Miss Martin, and Miss MacIntosh.

Miss Kathleen Sanderson (R.V.H.) of Vancouver is making a visit of observation at the Royal Victoria Hospital.

Miss Isobel Duffus (R.V.H., 1938) has joined the staff of the Seaside Hospital, Long Beach, California.

Married: Recently, Miss Margaret Beatty (R.V.H., 1934) to Mr. E. W. TeWinkle.

School for Graduate Nurses, McGill University:

A general meeting of the Alumnae Association will be held on March 20 in Room 250, Biological Building, McGill University. Mr. Norman Holland will show coloured movies of "30,000 miles by air around North and South America".

Miss Alice Nicolle (Public Health, 1933) has recently been appointed to the staff of the Department of Health, St. Catharines, Ontario.

Miss Ellen Ewart (Teaching, 1933) has been appointed Superintendent of Nurses of the Mountain Sanatorium, Hamilton, Ontario.

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Miss Electa MacLennan (Teaching, 1933) left recently for New York to study at Columbia University during the Spring term.

A letter has been received from Miss MacKenzie stating that the staff of the Public Health Unit, Cape Breton, includes eight graduates of the McGill School instead of five, as stated in the news items appearing in the January issue of *The Canadian Nurse*.

Married: Recently, Miss Marietta Bergeron (Public Health, 1936) to Mr. Eric Hopwood.

St. Mary's Hospital:

Married: On December 15, 1938, Miss Ida MacDonald (St. Mary's Hospital) to Mr. Jack King.

Married: On January 14, 1939, Miss Margaret J. Campbell (St. Mary's Hospital) to Mr. Kenneth Kavena.

QUEBEC CITY:

Jeffery Hale's Hospital:

Miss Mackenzie and Miss Anderson attended the Annual Meeting of the A.R.N. P.Q. and at our February meeting, Miss Mackenzie gave us a vivid sketch of the proceedings, touching on hourly nursing and the eight-hour day. Mr. D. Marsh spoke on insurance.

The Alumnae Association of Jeffery Hale's Hospital deeply regrets the death of Mrs. S. Barrow, formerly Miss M. Shaw. Previous to her marriage, Mrs. Barrow was Lady Superintendent of Jeffery Hale's Hospital for fifteen years and always showed a very keen interest, and was a great help to any nurse who sought her advice and counsel.

The Association also regrets to record the death of Miss Charlotte Bethune, a member of the Class of 1913.

Married Miss Gladys Dunn (J.H.H., 1937) to Dr. S. Bennett.

SASKATCHEWAN

SASKATOON:

Saskatoon City Hospital:

The annual meeting of the Saskatoon City Hospital Alumnae Association was held recently and the following officers were elected to serve during the coming year: Honourary president, Miss E. Amas; president, Miss M. Chisholm; first vice-president, Miss A. Ormson; second vice-presi-

dent, Miss L. Gammon; secretary, Miss P. Hauk; treasurer, Miss V. Mitchell; corresponding secretary, Miss J. Wells; programme, Misses D. Bjarneson, M. Brace; Ways & Means: Misses A. Scott (convener), Betty Rogers, R. Ashley, G. Roberts, M. Wrightson; Social: Misses E. Poloway (convener), H. James, M. Whillona, E. White, J. Brown; Press: Misses D. Knuckey, M. Fleming; Sick Visiting and Flowers: Misses A. McFadyen, M. Searle, D. Morrison.

The following marriages have recently taken place:

On December 16, 1938, Miss Alice Bembridge (Saskatoon City Hospital, 1936) to Mr. Delmage Stewart.

On December 17, 1938, Miss Jean Robertson (Saskatoon City Hospital, 1936) to Mr. James Godfrey Strachan.

On December 17, 1938, Miss Stella Reeder (Saskatoon City Hospital, 1935) to Mr. Thomas Thomas.

On December 24, 1938, Miss Gertrude Doig (Saskatoon City Hospital, 1937) to Mr. Arthur S. Boxer.

On December 28, 1938, Miss Margaret Estelle Teel (Saskatoon City Hospital, 1932) to Mr. Louis Jorndt.

On November 10, 1938 Miss Evelyn Stevenson (Saskatoon City Hospital, 1934) to Dr. Geo. Griffith.

On December 17, 1938, Miss Marion Bie (Saskatoon City Hospital, 1933) to Mr. Harold Wright.

Recently, Miss Ina Kidd (Saskatoon City Hospital, 1937) to Mr. G. Greenfield.

VICTORIAN ORDER OF NURSES

Miss Mary Allen, a graduate of the School of Nursing of St. Joseph's Hospital, Toronto, and of the course in public health nursing, University of Toronto, has been appointed to the Sydney staff, as fourth nurse.

Miss Catherine McDougall, a graduate of the School of Nursing of the Hôtel Dieu Hospital, Cornwall, and of the course in public health nursing, University of Toronto, has been appointed to the North Bay Branch, as second nurse.

A.R.N.P.Q. SCHOLARSHIPS

The Board of Management of the Association of Registered Nurses of the Province of Quebec is pleased to announce that two Scholarships of $350.00 each will be awarded this year to English and French-speaking members, in good standing in the Association, wishing to follow post-graduate courses. Application forms may be obtained at the office of the Association, Medical Arts Building, Suite 1019, 1538 Sherbrooke Street West, Montreal, and must be returned completed before June 1, 1939.

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Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administrative Building, Edmonton; (2) Miss J. Davidson, Royal Alexandra Hospital, Edmonton; (3) Miss M. Staley, 18 Arlington Apts., Edmonton; (4) Mrs. M. Tobin, 385-4th St., Medicine Hat.

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New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanitorium, Kentville; (2) Sister Camillus of Lellis, Halifax Infirmary, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Hazel Harrison, 307 Tower Rd., Halifax.

Ontario: (1) Miss C. I. Brewster, General Hospital, Hamilton; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 227 Kent St., Charlottetown; (4) Mrs. Lois MacDonald, 45 Upper Prince Street, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) Miss Marion E. Dart, 3563 Durocher St., Apt. 8, Montreal.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; (3) Miss D. Hopkins, Box 568, Estevan; (4) Miss Helen Jolly, 3128 College Ave., Regina.

CHAIRMEN, NATIONAL SECTIONS

Nursing Education: Miss A. J. Macleod, University of Alberta, Edmonton. Public Health: Miss M. E. Kerr, Eburne, B.C. Private Duty; Miss M. Teulon, 4237 Granville Street, Vancouver

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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NURSING EDUCATION SECTION

Chairman: Miss A. J. Macleod, University of Alberta, Edmonton, First Vice-Chairman: Miss E. Amas, City Hospital, Saskatoon. Second Vice-Chairman: Miss M. Batson, The Montreal General Hospital, Montreal. Secretary-Treasurer, Miss M. S. Fraser, Royal Alexandra Hospital, Edmonton.

Councillors: **Alberta:** Miss J. Davidson, Royal Alexandra Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss F. Roach, St. Boniface Hospital, St. Boniface. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Sister Camillus of Lellis, Halifax Infirmary, Halifax. **Ontario:** Miss R. M. Beamish, General and Marine Hospital, Owen Sound. **Prince Edward Island:** Miss Anna Mair, P. E. I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw.

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Councillors: **Alberta:** Mrs. M. Tobin, 385-4th St., Medicine Hat. **British Columbia:** Miss K. Ethel Gray, 902 McClure St., Victoria. **Manitoba:** Miss T. Greville, 797 Broadway, Winnipeg. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton. **Nova Scotia:** Miss Hazel Harrison, 307 Tower Rd., Halifax. **Ontario:** Miss Madalene Baker, 249 Victoria St., London. **Prince Edward Island:** Mrs. Lois MacDonald, 45 Upper Prince St., Charlottetown. **Quebec:** Miss Marion E. Dart, 3563 Durocher St., Apt. 8, Montreal. **Saskatchewan:** Miss Helen Jolly, 3128 College Ave., Regina.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss K. S. Brighty, Administration Building, Edmonton; First Vice-Pres., Miss R. Chittick, Calgary; Sec. Vice-Pres., Miss M. S. Fraser; Secretary-Treasurer & Registrar, Mrs. A. E. Vango, 11109 - 83 Ave., *Councillors*: Miss A. Macleod, Sister Mansfield, Mrs. M. Tobin; *Chairmen of Sections*: *Private Duty*, Mrs. M. Tobin, 385 - 4th St., Medicine Hat; *Nursing Education*, Miss J. Davidson, Royal Alexandra Hospital, Edmonton; *Public Health*, Miss M. Staley, 18 Arlington Apts., Edmonton; *Conveners of Committees*: *Legislation*, Miss B. Emerson, Edmonton; *The Canadian Nurse*, Miss V. Chapman, Royal Alexandra Hospital, Edmonton; *Nightingale Memorial*, Miss G. Allyn.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss M. Duffield, 1655 10th Ave. W., Vancouver; First Vice-President, Miss G. M. Fairley; Second Vice-President, Miss L. Mitchell; Secretary, Miss F. H. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Councillors*: Miss C. E. Clarke, Miss M. E. Kerr, Miss Helen Randal, Miss K. Sanderson, Sister Mary Beatrice; *Conveners of Sections*: *Nursing Education*, Miss A. S. Cavers, Vancouver General Hospital; *Public Health*, Miss M. Henderson, Vancouver; *Private Duty*, Miss K. Ethel Gray, Victoria.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss E. McDowell; First Vice-President, Miss E. Russell; Second Vice-President, Rev. Sister St. Irma; Third Vice-President, Miss D. Muir; Hon. Secretary Miss F. Roach; *Members of Board*: Miss T. Wiggins, Winnipeg General Hospital; Miss D. Muir, Brandon Mental Hospital; Sister St. Irma, St. Joseph's Hospital, Winnipeg; Miss C. Day, Children's Hospital, Winnipeg; Miss J. Morrison, 122 Ethelbert St., Winnipeg; Miss J. Archibald, Shriners' Hospital, Winnipeg; Miss M. Wilkins, 753 Wolseley Ave., Winnipeg; Rev. Sister Clermont, St. Boniface Hospital; Miss Alice Laporte, St. Boniface Health Unit; Miss F. Rowell, Dauphin; Miss F. Roach, St. Boniface; *Conveners of Sections*: *Nursing Education*, Miss F. Roach, St. Boniface Hospital, St. Boniface; *Public Health*, Miss A. McKee, 604 Medical Arts Bldg., Winnipeg; *Private Duty*, Miss T. Greville, 797 Broadway, Winnipeg; *Conveners of Committees*: *Social*, Miss K. McLearn, Shriners' Hospital; *Visiting*, Miss M. Baldwin, Grace Hospital; *Press*, Miss E. Gregory, 761 Bannatyne, Ave., Winnipeg; *Membership*, Miss K. McCallum, 181 Enfield Crescent, Winnipeg; *Library*, Miss Elsie Wilson, 668 Bannatyne Ave., Winnipeg; *Finance*, Miss R. Dickie, 103 Chestnut St., Winnipeg; *Nightingale Memorial Foundation*, Miss R. Dickie; *Representative to*: *The Canadian Nurse*, Miss Pearl Brownell, 215 Chestnut St., Winnipeg; Secretary-treasurer, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Mrs. A. J. Woodcock; Hon. Sec., Sister Kenny; *Councillors*: Miss E. Brown, Fredericton; Miss S. Everitt, Moncton; Miss Hadrill, Newcastle; Miss M. Myers, Saint John; Miss McMullen and Miss Boyd, St. Stephen; Miss Tulloch, Woodstock. Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections*: *Nursing Education*, Sister Kerr; *Private Duty*, Miss M. E. Kay; *Public Health*, Miss A. Burns; *Conveners of Committees*: *Legislation*, Miss B. L. Gregory; *Representative to The Canadian Nurse*, Miss L. Smith.

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Registered Nurses Association of Nova Scotia

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Registered Nurses Association of Ontario

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L. Trusdale, Mrs. C. Hamilton; *Conveners: Nursing Education*, Miss S. Hallman; *Public Health*, Miss M. Hackett; *Private Duty*, Miss E. Eby.

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Chairman, Miss I. M. MacIntosh; First Vice-Chairman, Miss A. Boyd; Sec. Vice-Chariman, Miss M. Buchanan; Sec.-treas., Miss C. Sheridan, 29 Augusta St., Hamilton; *Councillors*: Misses K. Turney, D. Scott, C. E. Brewster, A. Wright, C. McDonald, Rev. Sister M. Monica; *Conveners: Public Health Nursing*, Miss A. Oram; *Private Duty*, Miss S. Murray; *Nursing Education*, Miss G. Bamforth.

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Chairman, Miss Laura Gamble; Vice-Chairman, Miss F. Matthews; Sec.-Treas., Miss K. McNamara, 48 Spruce Court, Spruce & Sumach, Toronto; *Councillors*: Misses F. Breedon, E. Graham, A. Neill, A. Bell, E. Moore, M. Wheeler; *Committee Conveners: Private Duty*, Miss W. Hendricks; *Nursing Education*, Miss H. Bennett; *Public Health*, Miss L. Webb.

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Chairman, Miss H. Collier; First Vice-Chairman, Miss Shaw; Sec. Vice-Chairman, Miss McKenzie; Sec.-Treas., Miss L. Smith, General Hospital, Belleville; *Committee Conveners: Private Duty*, Miss Sheppard; *Public Health*, Miss Kearney; *Nursing Education*, Miss E. Flett; *Membership*, Miss N. Brown; *Finance*, Miss Munro.

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Rev. Sister Stanislaus, Charlottetown Hospital; Vice-Pres., Miss M. Thompson, P. E. I. Hospital, Charlottetown; Secretary, Miss Anna Bennett, 102 Upper Prince St., Charlottetown; Treasurer and Registrar, Rev. Sister Mary Magdalen, Charlottetown Hospital; *Conveners of Sections: Private Duty*: Mrs. Lois MacDonald, 45 Upper Prince St., Charlottetown; *Public Health*, Miss Ina Gillan, 277 Kent St., Charlottetown; *Nursing Education*, Miss Anna Mair, P. E. I. Hospital, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Godefroy d'Amiens, Rév. Soeur M. Gauthier, Mlle Marguerite Taschereau; President, Miss Margaret L. Moag; Vice-President (English), Miss Eileen C. Flanagan; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Suzanne Giroux; Honourary Treasurer, Miss C. M. Ferguson; *Members without office*: Misses Mabel K. Holt, Marion E. Nash, Mlles Marie Roy, Juliette Trudel, Alice Albert; *Conveners of Sections: Private Duty* (English), Miss Marion E. Dart, 3563 Durocher St., Apt. 8, Montreal; *Private Duty* (French), Mlle Lucienne Daoust, 261-5ème avenue, Verdun; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Marleau, Hôpital Notre-Dame, Montréal; *Public Health* (English), Miss Ann Peverley, Department of Health, City of Westmount; (French) Mlle Emma Rocque, Metropolitan Life Insurance Co., 464 rue McGill, Montréal; *Board of Examiners*: Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Misses Flora Aileen George, K. L. Annesley, Katharine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Building, 1538 Sherbrooke St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Ann Morton, Weyburn; First Vice-President, Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; Second Vice-President, Miss Edith Amas, Saskatoon City Hospital, Saskatoon; *Councillors*: Miss Matilda Diedericks, Regina Grey Nuns' Hospital, Regina; Miss Aubra Cleaver, Yorkton Queen Victoria Hospital, Yorkton; *Conveners of Standing Committees: Public Health*, Miss D. Hopkins, Box 568, Estevan; *Private Duty*, Miss Helen Jolly, 3128 College Ave., Regina; *Nursing Education*, Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

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Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., University of Alberta Hospital, Edmonton

Hon. Pres., Miss H. Peters; Pres., Miss D. Duxbury; Vice-Pres., Miss M. Hargrave; Rec. Sec., Miss K. Jolly; Corr. Sec., Miss M. Melnyk, 10946-85th Ave., Assist. Corr. Sec., Miss A. Revell; Treas., Miss M. Story, 11134-90th Ave., *Executive Committee:* Mrs. D. Paymont, Misses M. Thompson, M. Loggin, E. Campbell.

A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. E. Corbett; First Vice-Pres., Mrs. M. Gilmore; Sec. Vice-Pres., Miss M. Murphy; Rec. Sec., Miss H. Cruickshank, 910 Market St.; Corr. Sec., Miss L. Duggan; Treas., Miss F. Crampton; *Councillors*: Mmes. F. Bryant, J. Moore, I. Moore, Miss H. Barrow; *Press*, Mrs. E. Gandy; *Visiting*, Misses D. Dixon, A. Osborne-Smith.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sister Krause; Hon. Vice-President, Mrs. H. S. Crosby; President, Mrs. J. L. O'Shaughnessy; First Vice-President, Miss K. McCallum; Second Vice-President, Miss J. Williamson; Corr. Secretary, Miss M. Maloney, Ste. 3, Dussault Blk., Aulneau St.; Rec. Secretary, Miss E. Green; Treas., Miss J. Archibald; Archivist, Miss C. Code; *Committee Conveners: Social*, Miss A. Metcalfe; *Membership*, Mrs. J. Howden; *Visiting*, Miss A. Danilovitch; *Press*, Miss E. H. Margarson; *Representative to: M.A.R.N.*, Miss M. Wilson; *The Canadian Nurse*, Miss B. Bodie; *Directory Committee of M. A. R. N.*, Miss C. Ward; *Local Council of Women*, Mrs. E. Van Buren.

A.A., Children's Hospital, Winnipeg

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A.A., Misericordia Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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tee Conveners: Membership, Miss Margaret Ashby, 10 Hazelton Apts.; *Alumnae Club*, Miss E. Henderson, Winnipeg General Hospital; *Editor of Journal*, Mrs. W. E. Christenson, Bellcrest Apts.; *Assistant Editor*, Miss I. Gervin; *Business Manager*, Miss E. Timlick, Winnipeg General Hospital; *Archivist*, Miss S. Pollexfen, Winnipeg General Hospital; *Representative to The Canadian Nurse*, Miss Pearl Brownell, 214 Balmoral St.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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A.A., L.P. Fisher Memorial Hospital, Woodstock

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NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

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A.A., Halifax Infirmary, Halifax

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A.A., Victoria General Hospital, Halifax

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ONTARIO

A.A., Belleville General Hospital, Belleville

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